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ABSTRACT

Approximately one in four children in the United States is exposed to alcohol abuse or alcohol dependence in the family. Countless other children are living in families in which there is illicit drug abuse. Growing evidence suggests that genetics and environmental factors can predispose children of substance abusing parents to behavioral problems or to abuse alcohol or illegal drugs themselves. These children are also at a higher-than-average risk for problems in school and in social relationships. Treatment providers report that, while they recognize that the children of their clients also have needs, they often do not have the tools and resources to respond. This compendium of materials provides treating professionals and programs with just those tools and resources. The "Children's Program Kit" is a valuable resource for treatment providers and prevention centers that aim to help children make sense of what they've been experiencing, cope with the stresses of their families' problems, and strengthen their potential for resilience. The kit contains complete inservice training on this issue for substance abuse treatment and counseling staff, as well as school personnel and community leaders. There are strategies and tools for therapists to use with their clients who may be both parents and children. There is a detailed curriculum with five separate activities for elementary, middle school, and high school youth, or 15 activities in all. Sample letters to addicted parents appealing to them to support their children's participation in the program are provided. The Kit also contains videos, posters, fliers, and evaluation forms. (GCP)

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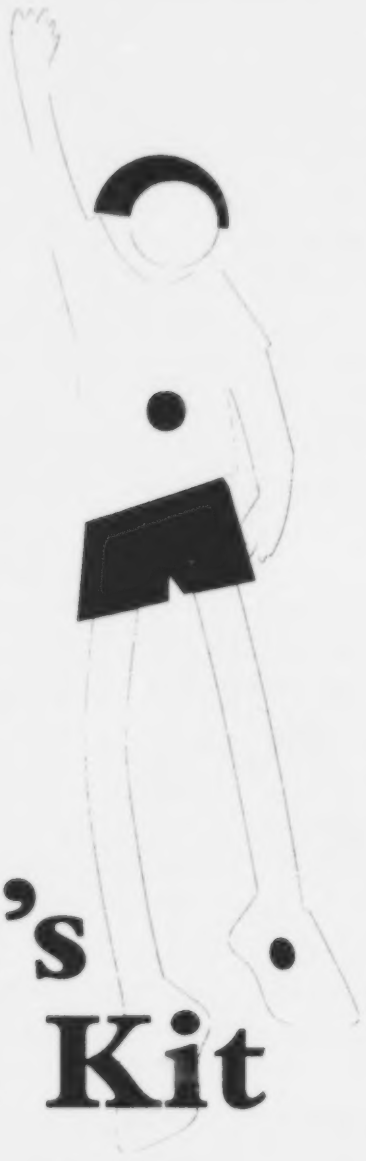

Children's Program Kit

Supportive Education for Children of Addicted Parents

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Disclaimer

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Foreword

Approximately one in four children in the United States is exposed to alcohol abuse or alcohol dependence in the family (National Institute on Alcohol Abuse and Alcoholism, DHHS). Countless other children are living in families in which there is illicit drug abuse. Growing evidence suggests that genetics and environmental factors can predispose children of substance abusing parents behavioral problems or to abuse alcohol or illegal drug themselves. These children also are at a higher-than-average risk for problems in school and in social relationships.

Yet, children of substance abusing parents can and often do overcome the effects of these potentially damaging environmental and genetic factors. For more than a decade, data have attested to the benefit of support groups for children of substance abusing parents. Groups provide education, a safe and supportive environment in which children of substance abusing parents can explore and express their feelings freely. They are a safety net, building
a sense of belonging, reducing isolation, and enhancing protective factors. Groups also lessen children's confusion and provide a framework for understanding their experiences. Children are empowered in groups and they have fun. The entire family can be strengthened, stress levels reduced, and resilience enhanced, when services are provided to these children.

Treatment providers report that, while they recognize that the children of their clients also have needs, they often do not have the tools and resources to respond. This compendium of materials provides treating professionals and programs with just those tools and resources. In it, you will find information and resources to help develop support groups for the school-age children of your clients. The materials are developmentally appropriate and culturally sensitive.

Through these materials

- Children can hear messages they need to hear: that they are not alone and that they are not to blame for their parent's alcohol or drug abuse.
- Children can learn skills they need to be safe and resilient—such as problem solving, finding safety, and seeking supportive services.
- Children can be helped to build on their strengths and to develop resilience to overcome their difficulties.
- Parents can learn how to better understand their children's needs and how to use supportive services for the entire family.

Please use these materials; share them with your colleagues. Encourage their use throughout your community of treating professionals and programs. By working with your adult clients dependent on or addicted to alcohol or illicit drugs—and by working with their school-age children—you can help empower families to enjoy lives of hope and recovery.

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental
Health Services Administration

I. Overview

Contents

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Children's Program Philosophy

The work of intervening with children of addicted parents (COAs) must be guided by a core set of values and philosophical orientation. This is a philosophy built by consensus among children's program developers, prevention researchers, developmental psychologists, and managers of existing children's programs. The program rests on four basic cornerstones:

- Children deserve the right to their own recovery and healing.
- Children deserve to be treated with dignity, respect, value, and worth.
- Children deserve to be listened to and heard.
- Children deserve the opportunity to be kids.

This foundation will guide not only what is done with children, but also how it is done. In many cases, this "how" is as important as "what."

The following points seem critical to the formation and implementation of any intervention with this population:

- The intervention context should have a positive climate. This can be accomplished by recognizing the natural and developed strengths, skills, and competencies of children, their families, and the staff. These assets, properly identified and mobilized, are often all that is needed for a child or family to solve its problems. Our role as professionals and helpers is to understand, identify, and support the use of those strengths. Doing so will create a more positive image and expectation. Such an approach supports resilience rather than pathology. Working with strengths is more effective than working from a paternalistic "wisdom bestowing" position.
- Destigmatizing the population also can be accomplished by recognizing the normalcy of thoughts, feelings, and behaviors expressed by the children. Some of these thoughts, feelings, and behaviors might be the target of a transformation process, but only because they do not serve the child well, not because they are "weird" or "wrong."
- Create situations that are fun for children—a rarity for some children from addicted families. Children should have the opportunity to act like who they are—children.
- The positive, asset-based, destigmatizing climate that characterizes the ideal intervention setting leads to some caution about the interface between prevention and treatment. The process may begin with discussions with the staff about their own views about children from addicted families, as well as the strengths and needs of the children. If treatment centers approach children simply by transferring the modalities, cultures, and philosophies they use with

adults, they could create more problems than benefits. If the treatment provider is not comfortable with a strength-based prevention orientation, then community resources could be contacted to supplement existing staff and resources.

- Children from addicted families are not a homogeneous group, and they should not receive a one-size-fits-all standard intervention. Consideration must be given to family cultures, family systems, and the variety of ways in which children respond to their situations. Interventions must be designed to fit these variable contexts, not to fit the needs of the provider. Some children's needs are contrary to others. For example, some children need to increase their internal locus of control, while others have an overdeveloped sense of control (as a defense) and must learn to let some things go. Consequently, each child and family should be assessed to understand their particular strengths and needs.
- Diversity also is reflected in the variable characteristics of children as they move through the developmental cycle. Interventions must be responsive to the developmental stage of the child in ways that are age-appropriate, relevant, and supportive.
- Intervention should be based on a systems approach that considers the individual, the family, the community (e.g., the extended family, the neighborhood, the local social agencies), and the surrounding social-historical-cultural contexts. Recognition of the need to overcome the common denial of the value of working with children from addicted families may lead to interventions at each of these systems. Program mission, resources, size, and design will dictate what interventions are appropriate for children, parents, families, and the community.
- A family systems approach recognizes that all members of a family are connected to one another and affected by one another. A change in one family member affects the others. The family has an identity, a history, rules, and rituals that reflect the family as a group.
- The systems approach applies not only to a multilevel understanding as described above, but also to an understanding of the linkages between the emotional, mental, physical, and spiritual worlds.
- Recognize the interface between family and community—people exist in the context of family and community, and recovery takes place within the strengths and constraints of those systems.
- Interventions should be based on increasing relevant protective factors and reducing relevant risk factors. Content should be structured and sequential, including a balance of information, skill-building, and emotional support.
- Many children from addicted families will need only basic services designed to validate, support, and help make sense of their experiences—others will need a full spectrum of support and treatment services.
- Programs should be designed to be sensitive to culture. Honor the differences and similarities. Understand traditions and family systems in the context of culture.

Children's Program Criteria

The following program criteria, developed by an expert panel of prevention researchers and program developers, form the basis on which this educational support program has been developed. The criteria were reviewed and approved by a panel of treatment providers representing a broad range of treatment modalities. Both panels included representatives with expertise in evaluating applicability for racial/ethnic minority children of addicted parents. The panel of treatment providers also guided the kit development process to ensure practical applicability of the program's materials across multiple treatment settings.

I. Services for Children

A. Information

Education about addiction to give children a framework for what they are experiencing:

- Information about addiction as a family disease
- Information about the parent's treatment program
- Information on community-based supports, such as Alateen and school-based student assistance programs
- Clarification about and validation of their experiences
- Resources for them to learn and talk about their experiences and feelings
- Information to learn that recovery is a process
- Information on the resilience they have developed as a result of their experience
- Reassurance that they also need and deserve support and help
- Messages
  - You're not alone; there are lots of kids living in families like yours—one out of every four children.
  - It's not your fault.
  - You deserve help, and there is help for you.
  - Addiction is a disease.
  - It's okay to share your feelings with safe people.
  - It is important to appropriately express your feelings, including anger, and you can learn how to do that.
  - Most young people with addicted parents do well, and you can too!
  - Everyone in the family gets hurt by addiction.

- Addicted parents can and often do get better. Even if they don't, you can still get help to feel better and to be safe.
- Recovery can take a long time; stopping the drinking or drug use is just the beginning.
- Parents may not be able to meet your needs or care for you at times. There are other trustworthy adults who can, and it is healthy to ask them for help.

B. Skills to teach children

- Problem solving skills
- Safety, especially identifying safe adults and making a safety plan
- Communication skills, including the ability to identify and express feelings
- How to reframe experiences to encourage building strength and resilience to help the child grow strong
- Relationship skills: Ways to build healthy relationships, seek resources, and connect to other supportive adults and peers
- Intrapersonal skills such as coping and self-care
- Specific relationship skills for dealing with a previously absent parent or an incarcerated parent
- How to learn skills through hobbies, groups, or other healthy activities and outlets
- How to deal with possible parental relapses and associated problems

C. Program development and design issues

- Developmentally appropriate groups work best because:
  - Children learn that they are not alone.
  - Group work provides opportunities for group validation.
  - Group work allows children and youth to try out new approaches to old problems.
  - Group work increases likelihood of breaking denial.
  - Children can experience healthy social interactions.
  - Group work builds trust in social situations.
  - Groups build protective factors.
  - Group work provides safety and protection.
- Programs should provide age-, gender-, and culturally appropriate materials and demonstrate cultural sensitivity and understanding of acculturation issues.
- Use a multivenue approach—lectures, discussions, and group sessions with experiential learning/social interactive play and possibly role-play formats—to teach skills.

- Refer to special services those children identified as abused and/or neglected, and those youth already harmfully involved with substances.
- Provide alternative interventions for children who are not appropriate for group because they may be at risk for injuring themselves or others.
- When appropriate, encourage parental involvement. Keep parents informed about what their children are learning.

II. Services for Adults

A. Inform and educate clients, and other significant adults when possible, about family addiction and recovery issues in culturally appropriate ways. Include the following:

- The impact of addiction on family system and on parenting skills
- The impact of recovery on the family system—trauma and transition issues
- The fact that children of addicted parents are at greater risk of addiction themselves and for mental health and behavioral problems
- The importance of age-appropriate skill-based services for clients' children to meet the recovery needs of both the children and client
- The variation in needs by age and gender of child, and the impact on different children in the same family
- The possibility of abuse—physical, emotional, and sexual—and its impact on children (when client is able to handle this discussion)

B. Help parents to understand their children's needs, and empower them to find age-appropriate services and to connect their children to them.

- Give clients, and other significant adults when possible, specific suggestions and concrete language to explain to their children what is happening in their lives.
- Provide community resource lists of available services and referrals for parents as appropriate.
- Assist parents in connecting with specific services for their children in the community, such as student assistance, after-school programs, or Alateen.
- Give parents clear information about the services being provided to their children.
- Provide reading and multimedia materials that specifically address the issues and needs of children from addicted families. Provide information on related issues for parents with adolescents—teen pregnancy prevention, issues around use of substances (parents may have introduced them to drugs/drinking), school failure,

or conversely their children's compulsive need to overachieve.

III. Services for Parenting Skills

A. Skills

All of these skills facilitate family cohesion and client recovery. When able, offer clients the following or help refer them to community-based services that offer such parent skills training programs:

- Provide specific skills, strategies, and support to help clients balance the demands of early recovery with parenting responsibilities. Work with these parents in gentle, loving ways, as many are filled with guilt and shame. Parenting stressors can be relapse triggers. For many clients it is not just parenting but also reparenting/self-parenting, as many never learned the skills themselves while growing up.
- Teach clients how to discipline their children appropriately, how to keep children safe, and how to assess risk to protect their children from violent victimization.
- Teach important parenting and relationship boundary issues.
- Teach conflict resolution skills.

B. Accessing community resources

- Arrange for community services to present information about parenting programs and other supportive services to clients and other significant adults in the family when possible. Encourage followup support by collaborating with other services to provide access to ongoing resources.
- Teach clients how to network in the community and how to seek outside resources for their needs (child care, etc.). Teach clients how to deal with and find immediate resources for life crises and stressors after treatment to avoid relapse.

IV. Community Services and Outreach Strategies for Treatment Providers

The development or implementation of family/child support services provides an excellent opportunity to assess both the services in the community and the community's readiness to have these services available. It is important to note that the development of a program for children of clients in treatment does not imply that the treatment center should be the sole provider of all of the services; in fact, the model is based on a systems approach.

Specific outreach strategies will vary depending on size of community, type of treatment center, range of services in communities, and funding. Addressing these issues during the development of a program for children increases the chances of successful partnerships with community agencies.

Strategies for treatment centers to identify and refer clients and their children to community- and school-based programs where appropriate:

- Participate in community collaboration—it is suggested that a member of the treatment center staff liaison

regularly with existing community service providers and school personnel to learn about these resources, to gauge their effectiveness, and to determine the best referral methods.

- Help support families within the community by facilitating linkage to schools and community-based programs prior to the parent's discharge from the program. This service can be provided by nonprofessional treatment center staff who can monitor and track the clients and the community-based program outcomes.
- Advocate when possible in the community and schools for the development of resources to address existing gaps in services for children of addicted parents, and for funding for sustained community-based programming for this population.

V. Logistical issues

Logistical issues can create unnecessary barriers to program development. Prior to implementation of support services for children, a treatment center would benefit from a review of all logistical concerns, and then develop a contingency plan where appropriate.

A. Develop and communicate clear objectives for the children's program, and cross-train staff to ensure support of the program throughout the system. (See Section 2.)

B. Consider logistical issues of space, transportation, training, and funding. Provide programs during the times that adults are already scheduled to be there.

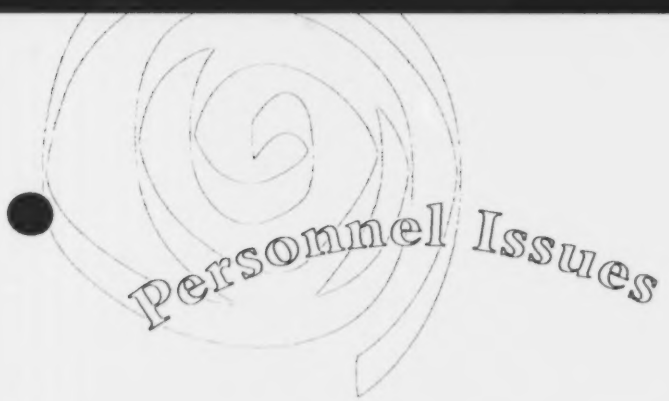
C. Support and encourage kinship care and foster care providers to bring children to the facility's programs if their parents are in treatment.

VI. Evaluation Issues

It is important to evaluate programs provided to the children as well as any parenting programs. An evaluation component may help agencies obtain ongoing additional funding for children's programming, in addition to assessing the program's effectiveness. (See Section 4.)

VII.Readiness Issues

Treatment centers should assess their readiness/capability for providing family/child support services and their resources in the community for potential partnership/collaboration to support programs.



Personnel issues for delivery of information and messages and for teaching skills:

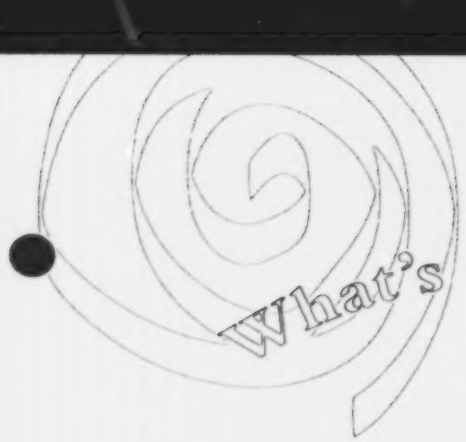
1. The children's program needs to be run by a staff person dedicated to the children's/family program, trained with skills in child development, knowledgeable about group process, and also knowledgeable about the disease of addiction, family systems, and recovery issues for children of addicted parents. The children's program staff person needs to care about children and know how to work with them at developmentally appropriate levels. This person should be a member of the treatment staff who can provide followup for the family and children after the parent is discharged.
2. Group facilitators for these educational support programs can be paid or volunteer staff. It is important that they be emotionally healthy, that they enjoy working with children and youth, and that their own family history issues have been addressed if they themselves are children of addicted parents.
3. Group facilitators need to be aware of the agency's policies and procedures for dealing with sensitive issues that children in the group setting may disclose.
4. Group facilitators need to have knowledge of child abuse reporting laws, knowledge of alcohol and drug abuse confidentiality laws pertaining to parental records, and an understanding of when to refer a child for professional help.

People who work in programs for children have a challenging opportunity to make a real difference. For some of the young people participating in the children's program, the facilitator may be the first adult who has really listened to them or consistently treated them as worthwhile individuals.

With this in mind, it is important that staff members possess the following qualities:

- Love and deep caring for children
- Commitment and enthusiasm
- Overall communication skills
  - Listening
  - Clear communication
  - Age-appropriateness (simple and concise language for children)
- Overall knowledge and understanding of the issues
  - Child development
  - Age-appropriate activities
  - Session planning
  - Experiential activities

- Cultural competency
- Self-starter
- Responsible
- Open-minded
- Warmth
- Creativity
- Flexibility
- Ability to have fun
- A sense of humor
- Overall self-awareness and understanding
  - Understanding of personal issues and biases
  - Personal support system
  - Comfort with displaying, expressing, and owning feelings
- Overall personal health
  - Self-care
  - Self-esteem
  - Limits and boundaries
- Ability to set limits and consistently enforce consequences



What's in the Children's Program Kit

Kit Component	Description
Curriculum Notebook	The notebook contains all the information and materials needed to administer your Children's Program. It is divided into five sections; each section has an introduction that details the materials it contains and how to use them.
Video #1: *Pepper* and *You're Not Alone*	***Pepper*** is a story about a puppy named Pepper whose beloved owner becomes alcoholic, moody, and neglectful. The owner joins Alcoholics Anonymous and begins recovery. The story helps young children understand the circumstances of families faced with addiction and the confusion and feelings of rejection experienced by many COAs. ***You're Not Alone*** features Jerry Moe, MA, and children who have benefited from participating in support groups for children of addicted parents (COAs). It speaks to children in families with addiction or other high-stress and emotionally painful living environments, but also contains important messages for all children and youth, preparing them to respond more appropriately and comfortably to friends and classmates who are COAs.
Video #2: *Michael's Journey*	***Michael's Journey*** is for use with middle school and high-school aged youth. It focuses on family alcohol problems as they affect youth. It follows two African-American boys who exemplify different coping styles of children of alcoholics. The goals are to help young people realize the importance of bonding and the need for trust, and to provide insight into the far-reaching effects of family addiction.
Video #3: *End Broken Promises, Mend Broken Hearts*	***End Broken Promises...*** is a 23-minute video for adults interested in being helpful to children who have parents with alcoholism or other drug dependencies. It provides: • information on the needs of children of addicted parents • a rationale for addressing their needs • information about educational support groups • messages from children and parents who have benefited from these groups
Counter Card and Poster	These colorful pieces can be used to let parents know about your children's program and will encourage them to ask for more information and enroll their children.
Forms and Letters Diskette	This diskette contains handouts that can be easily printed from PDF files, as well as letters in Word format that can be printed on your program stationery.

Before You Begin a Children's Program

Before starting a support program for children of parents in treatment, please review the following checklist for treatment providers:

- ❑ Provide staff with training. Refer to Section 2, Program Inservices, for inservice presentation materials.
- ❑ Know your referral sources to school and/or community followup programs.
- ❑ Make copies of information forms and permission sheets. Forms will need to be completed for each child/family.
- ❑ Access the following equipment available: TV/VCR; chalkboard, flipchart, or greaseboard, nontoxic markers, pencils, construction paper or colored paper, scissors.
- ❑ Locate adequate space—that can be used for each session. The space should be private to promote comfort, safety, and confidentiality.
- ❑ Please review your program's policy regarding liability when children are in the facility, even though this is designed to be an educational support program, not treatment or therapy. Also review your policies and procedures regarding suspected child abuse and release of a child to an intoxicated adult.

II. Program Inservices

Treatment Staff Inservice

The materials provided here include a program outline, along with overheads that can be used to help you present the material. The inservice also includes the video, End Broken Promises, Mend Broken Hearts, *and employs handouts that can be found in other sections of the notebook. (Notes on where to find the handouts are included in the outline.)*

Treatment Staff Inservice Presentation Outline

An Introduction to the Children's Program

I. Introduction

II. Addiction in the Family Affects Everyone

A. Family members develop unhealthy ways of communicating with each other and coping with addiction.

B. Rules in addicted families:

1. Don't Talk
2. Don't Trust
3. Don't Feel

III. Children of Addicted Parents

A. Why special emphasis?

1. Numbers: One in four children is affected by alcohol abuse or alcoholism in the family; many are also hurt by parental drug use.
2. Developmental impact is both social and emotional.

B. Early Intervention

1. Prevention of mental health problems: COAs are at increased risk for depression and anxiety disorders
2. Prevention of substance abuse problems: COAs have increased environmental and genetic risks
3. Relapse prevention: Reduction of stress in the family

IV. People Outside the Family Can Make a Difference

When treatment programs provide educational support groups for school-age children

1. Family stress is reduced.
2. Children's sense of stigma and shame is reduced.
3. Family recovery is enhanced.
4. Treatment outcomes improve.

V. *End Broken Promises, Mend Broken Hearts* Video

This video about educational support groups provides

1. A rationale for addressing the needs of children with addicted parents.
2. Information about groups and appropriate settings for them.

3. Messages from children and parents who have benefited from groups.
4. Messages from prevention and treatment professionals who have provided groups for children of parents in treatment.

VI. Critical Information for Children of Parents in Treatment

Children's Educational Support Programs provide education about addiction and give children a framework for what they are experiencing. They also give them

1. Information about addiction as a family disease.
2. Information about the parent's treatment program.
3. Information on community-based support, such as Alateen and school-based student assistance programs (SAPs).
4. Clarification about and validation of their experiences.
5. Resources for them to learn, talk and play, and get their questions answered.
6. Information to learn that recovery is a process.
7. Information on the resilience they have developed as a result of their experiences.
8. Reassurance that the child needs and deserves support and help.

VII. Messages for Parents and Children

A. For Parents:
   1. Children can recover too.
   2. Helping your children will help you.
   3. Give your children the gift you never got.

B. For Children:
   1. You're not alone; there are lots of kids living in families like yours.
   2. It's not your fault.
   3. You deserve help, and there is help for you.
   4. Addiction is a disease.
   5. It's okay to share your feelings with safe people.

VIII. Group Work Is the Preferred Strategy

A. Groups:
   1. Validate perceptions and interpretations.
   2. Absolve children of blame and help them gain perspective.
   3. Help separate parent from behavior.
   4. Increase the likelihood of breaking denial.
   5. Provide safety and protection.
   6. Build trust in social situations.
   7. Provide opportunities for group validation.

8. Allow children to try out new approaches to old problems.
9. Teach children skills for self-care.
10. Offer children hope and help to cope.

B. Children learn they're not alone and experience healthy social interactions.

IX. Differences Between Educational and Therapy Groups

See table, page 2–18.

X. Children's Program

A. Materials for Treatment Staff

1. Notes to Therapists
2. Helpful Information for Parents in Families Affected by Addiction
3. Program Flyers
4. Referral Procedures and Forms
5. "COA Support Groups" article by Claudia Black, page 2–17
6. Program Posters

B. Distribute copies of handouts:

1. Notes to Therapists (in Section 3: Strategies and Tools for Therapists To Use with Clients)
2. Helpful Information for Parents in Families Affected by Addiction, page 3–5
3. Program Flyer, page 3–7
4. Referral Forms, page 4–7
5. "COA Support Groups" article by Claudia Black, page 2–17

XI. Resources

XII. Contact Information

XIII. Questions and Discussion

Children of Addicted Parents in Treatment Settings

An Introduction to the Children's Program

Addiction in the Family Affects Everyone

Family members develop unhealthy ways of communicating with each other and coping with the addiction.

Rules in Addicted Families

Don't Talk

Don't Trust

Don't Feel

Children of Addicted Parents

Why Special Emphasis?

- Numbers: **1 in 4** children is affected by alcohol abuse or alcoholism in the family; many are also hurt by parental drug use.
- Developmental impact is both social and emotional.

Early Intervention =

- Prevention of Mental Health Problems: COAs are at increased risk for depression and anxiety disorders.
- Prevention of Substance Abuse Problems: COAs have increased environmental and genetic risks.
- Relapse Prevention: Reduction of stress in the family

People Outside the Family Can Make a Difference

When treatment programs provide educational support groups for school-age children:

- Treatment outcomes improve.
- Family recovery is enhanced.
- Children's sense of stigma and shame is reduced.
- Family stress is reduced.

End Broken Promises, Mend Broken Hearts Video

This video provides

- A rationale for addressing the needs of children with addicted parents as well as information about educational support groups and appropriate and effective settings for them.
- Messages from children and parents who have benefited from support groups.
- Messages from prevention, treatment, and school professionals who have provided educational support groups for children of parents in treatment.

Critical Information for Children of Parents in Treatment

Children's educational support programs provide education about addiction to give children a framework for what they are experiencing as well as

1. Information about addiction as a family disease.
2. Information about the parent's treatment program.
3. Information on community-based support, such as Alateen and school-based student assistance programs (SAPs).
4. Clarification about and validation of their experiences.
5. Resources for them to learn, talk, get their questions answered, and play.
6. Information to learn that recovery is a process.
7. Information on the resilience they have developed as a result of their experiences.
8. Reassurance that the child needs and deserves support and help.

Messages for Parents and Children

For Parents:

- Give your children the gift you never got.
- Children can recover too.
- Helping your children will help you.

For Children:

- You're not alone; there are lots of kids living in families like yours.
- It's not your fault.
- You deserve help, and there is help for you.
- Addiction is a disease.
- It's okay to share your feelings with safe people.

Group Work Is the Preferred Strategy

Groups:

- Validate perceptions and interpretations.
- Absolve children of blame and help them gain perspective.
- Help separate parent from behavior.
- Increase the likelihood of breaking denial.
- Provide safety and protection.
- Build trust in social situations.
- Provide opportunities for group validation.
- Allow kids to try out new approaches to old problems.
- Teach them skills for self-care.
- Offer children hope and help to cope.

Children learn they're not alone and experience healthy social interactions.

Differences Between Educational Support and Therapy Groups

Educational Support Groups	Therapy Groups
■ Focus on life skills/coping skills	■ Solve a personal problem
■ Education	■ Resolution
■ Support/safety net	■ May be supportive, but also contain confrontation and probing
■ Educational goals and objectives are achieved through curriculum-based content and activities	■ Individualized treatment plans, use of therapeutic activities; however, the process is always more important than the content
■ Building protective factors	■ Probing; addressing impact of risk factors; may focus later on protective factors
■ Conducted by trained facilitators who are caring; knowledgeable about child development and specific issues; and have "health" to give.	■ Conducted by trained therapists
■ "LOVEE" driven: Listen, Observe, Validate, Educate, Empower	■ Driven by psychological theory and diagnosis
■ Time limited: 6–12 weeks	■ Length of treatment determined by treatment process and patient's progress, or insurance coverage

Children's Program Materials for Treatment Staff

1. Notes to Therapists
2. Helpful Information for Parents in Families Affected by Addiction
3. Program Flyers
4. Referral Procedures and Forms
5. Program Posters

Resources

CSAP (Center for Substance Abuse Prevention)

Rockwall II Building
5600 Fishers Lane, Room 900
Rockville, MD 20857
(301) 443-0305
www.samhsa.gov/csap

CSAT (Center for Substance Abuse Treatment)

Rockwall II Building
5600 Fishers Lane, Room 600
Rockville, MD 20857
(301) 443-5052
www.samhsa.gov/csat

NACoA (National Association for Children of Alcoholics)

11426 Rockville Pike, Suite 100
Rockville, MD 20852
(301) 468-0985 or (888) 55-4COAS (2627)
(301) 468-0987 (fax)
www.nacoa.org

Children's Program

Contact Information

Name: _____

Title: _____

Location: _____

Phone: _____

Fax: _____

E-mail: _____

School/Community
Inservice

The materials provided here include a presentation outline, along with overheads that can be used to help you present the material. The inservice also includes the video, End Broken Promises, Mend Broken Hearts, *and employs handouts that can be found in other sections of the notebook. (Notes on where to find the handouts are included in the outline.)*

School/Community Inservice Educational Support Groups for Children of Addicted Parents

Presentation Outline

I. Introduction

II. Addiction in the Family Affects Everyone

A. Family members develop unhealthy ways of communicating with each other and coping with addiction.

B. Rules in addicted families:

1. Don't Talk
2. Don't Trust
3. Don't Feel

III. Children of Addicted Parents

A. Why special emphasis?

1. Numbers: One in four children is affected by parental alcohol abuse or alcoholism in the family; many are also hurt by parental drug use.
2. Developmental impact is both social and emotional

B. Early Intervention =

1. Prevention of mental health problems: COAs are at increased risk for depression and anxiety disorders
2. Prevention of substance abuse problems: COAs have increased environmental and genetic risks
3. Relapse prevention: Reduction of stress in the family

IV. People Outside the Family Can Make a Difference

When schools and community agencies offer groups, they

1. Provide an essential component of a comprehensive student assistance program or other prevention program.
2. Improve learning and classroom behavior.
3. Increase emotional security for vulnerable children at high risk.
4. Enlist support and involvement of multiple adults in lives of COAs.

V. *End Broken Promises, Mend Broken Hearts* Video

This video about educational support groups provides

1. A rationale for addressing the needs of children with addicted parents.

2. Information about groups and appropriate settings for them.
3. Messages from children and parents who have benefited from groups.
4. Messages from prevention, treatment, and school professionals who have provided groups for children of parents in treatment.

VI. Critical Information for Children of Addicted Parents

Children's educational and support programs provide education about addiction and give children a framework for what they are experiencing. They also give them

1. Information about addiction as a family disease.
2. Information on community-based support, such as Alateen and school-based student assistance programs (SAPs).
3. Clarification about and validation of their experiences.
4. Resources for them to learn, talk and play, and get their questions answered.
5. Information to learn that recovery is a process.
6. Information on the resilience they have developed as a result of their experiences.
7. Reassurance that the child needs and deserves support and help.

VII. Messages Group Offers to Children

A. You're not alone; there are lots of kids living in families like yours.

B. It's not your fault.

C. You deserve help, and there is help for you.

D. Addiction is a disease.

E. It's okay to feel your feelings.

VIII. Group Work Is the Preferred Strategy

A. Groups:

1. Validate perceptions and interpretations.
2. Absolve children of blame and help them gain perspective.
3. Help separate parent from behavior.
4. Increase the likelihood of breaking denial.
5. Provide safety and protection.
6. Build trust in social situations.
7. Provide opportunities for group validation.
8. Allow children to try out new approaches to old problems.
9. Teach children skills for self-care and risks of behavior.
10. Offer children hope and help to cope.

B. Children learn they're not alone and experience healthy social interactions.

IX. Differences Between Educational and Therapy Groups

See table, page 2–18.

X. Student Assistance Program (SAP)

A. What it is:

1. A school-system-wide program that offers appropriate education and intervention at every level of the system for chemical-abuse-related problems that impede the educational goals of the schools.
2. It includes educational support groups for students K–12.

B. What it does:

1. Focuses on educational concerns, with emphasis on those student problems that interfere with educational goals.
2. Provides help to all students K–12 who are troubled by emotional, family, physical, sexual, social, or chemical use problems.

C. Components of a Comprehensive School-Based Prevention Program

D. SAP Components from National Association of Student Assistance Professionals (NASAP)

E. Distribute copies of handouts:

1. Components of Comprehensive School-Based Prevention Program, page 2–54
2. SAP Program Components from NASAP, page 2–55
3. "COA Support Groups" article by Claudia Black, page 2–17

XI. Resources

XII. Questions and Discussion

Children of Addicted Parents in School/ Community Settings

Educational Support Groups for Children of Addicted Parents

Addiction in the Family Affects Everyone

Family members develop unhealthy ways of communicating with each other and coping with the addiction.

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Don't Trust

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When treatment programs provide educational support groups for school-age children,

- Family stress is reduced.
- Children's sense of stigma and shame is reduced.
- Family recovery is enhanced.
- Treatment outcomes improve.

End Broken Promises, Mend Broken Hearts Video

This video provides

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3. Clarification about and validation of their experiences.
4. Resources for them to learn, talk and play, and get their questions answered.
5. Information to learn that recovery is a process.
6. Information on the resilience they have developed as a result of their experiences.
7. Reassurance that the child needs and deserves support and help.

Messages That Group Offers for Children

- You're not alone; there are lots of kids living in families like yours.
- It's not your fault.
- You deserve help, and there is help for you.
- Addiction is a disease.
- It's okay to share your feeling with safe people.

Group Work Is the Preferred Strategy

Groups

- Validate perceptions and interpretations.
- Absolve children of blame and help them gain perspective.
- Help separate parent from behavior.
- Increase the likelihood of breaking denial.
- Provide safety and protection.
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■ Support/safety net	■ May be supportive, but also contain confrontation and probing
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■ Building protective factors	■ Probing; addressing impact of risk factors; may focus later on protective factors
■ Conducted by trained facilitators who are caring; knowledgeable about child development and specific issues; and have "health" to give.	■ Conducted by trained therapists
■ "LOVEE" driven: Listen, Observe, Validate, Educate, Empower	■ Driven by psychological theory and diagnosis
■ Time limited: 6–12 weeks	■ Length of treatment determined by treatment process and patient's progress, or insurance coverage

Student Assistance Program (SAP)

What it is:

- A school-system-wide program that offers appropriate education and intervention at every level of the system for chemical-abuse-related problems that impede the educational goals of the schools.
- It includes educational support groups for students K–12.

What it does:

- Focuses on educational concerns, with emphasis on those student problems that interfere with educational goals.
- Provides help to all students K–12 who are troubled by emotional, family, physical, sexual, social, or chemical use problems.

Components of a Comprehensive School-Based Prevention Program

1. Training for teachers, administrators, other professional staff, and parents on
   - Substance abuse and addiction
   - Their effects on family
2. How to intervene with school-age children
3. School policies on substance use and abuse that are consistent, clear, and fair, including alternatives to suspension for infractions of school rules
4. K–12 health curriculum, which includes age-appropriate and significant substance abuse, addiction, and family impact information at every grade level
5. K–12 life skills development training
6. Parenting education

SAP Components From National Association of Student Assistance Professionals (NASAP)

School-Board-Approved Policy

- To clarify the school's role in addressing the relationship between student academic achievement and alcohol, drugs, violence, and high-risk behaviors.

Staff Development

- To provide for all school employees the necessary foundation of attitudes and skills in order to ensure an effective student assistance program.

SAP Components (continued)

Internal Referral Process

- To identify and refer students with academic or social problems to a problem solving and case management team.

Problem Solving Team and Case Management

- To evaluate how the school can best serve students with academic or social problems.

Program Awareness

- To educate the faculty, students, parents, agencies, and the community about the student assistance program.

Student Support Groups

- To provide information and support to students experiencing academic or social problems.

SAP Components (continued)

Cooperation and Referral With Community Agencies

- To build bridges between schools and agencies through referral and joint case management.

Student Assistance Program Evaluation

- To ensure continuous quality improvement of SAP services and outcomes.

Integration With Additional Program Components

- To increase resilience, improve academic performance, and reduce student risk for alcohol and drug abuse and violence.

Resources

CMHS (Center for Mental Health Services)

Parklawn Building
5600 Fishers Lane,15th Floor, Room 105
Rockville, MD 20857
(301) 443-0001 (phone)
(301) 443-1563 (fax)
www.samhsa.gov/cmhs

CSAP (Center for Substance Abuse Prevention)

Rockwall II Building
5600 Fishers Lane, Room 900
Rockville, MD 20857
(301) 443-0305 (phone)
www.samhsa.gov/csap

CSAT (Center for Substance Abuse Treatment)

Rockwall II Building
5600 Fishers Lane, Room 600
Rockville, MD 20857
(301) 443-5052 (phone)
www.samhsa.gov/csat

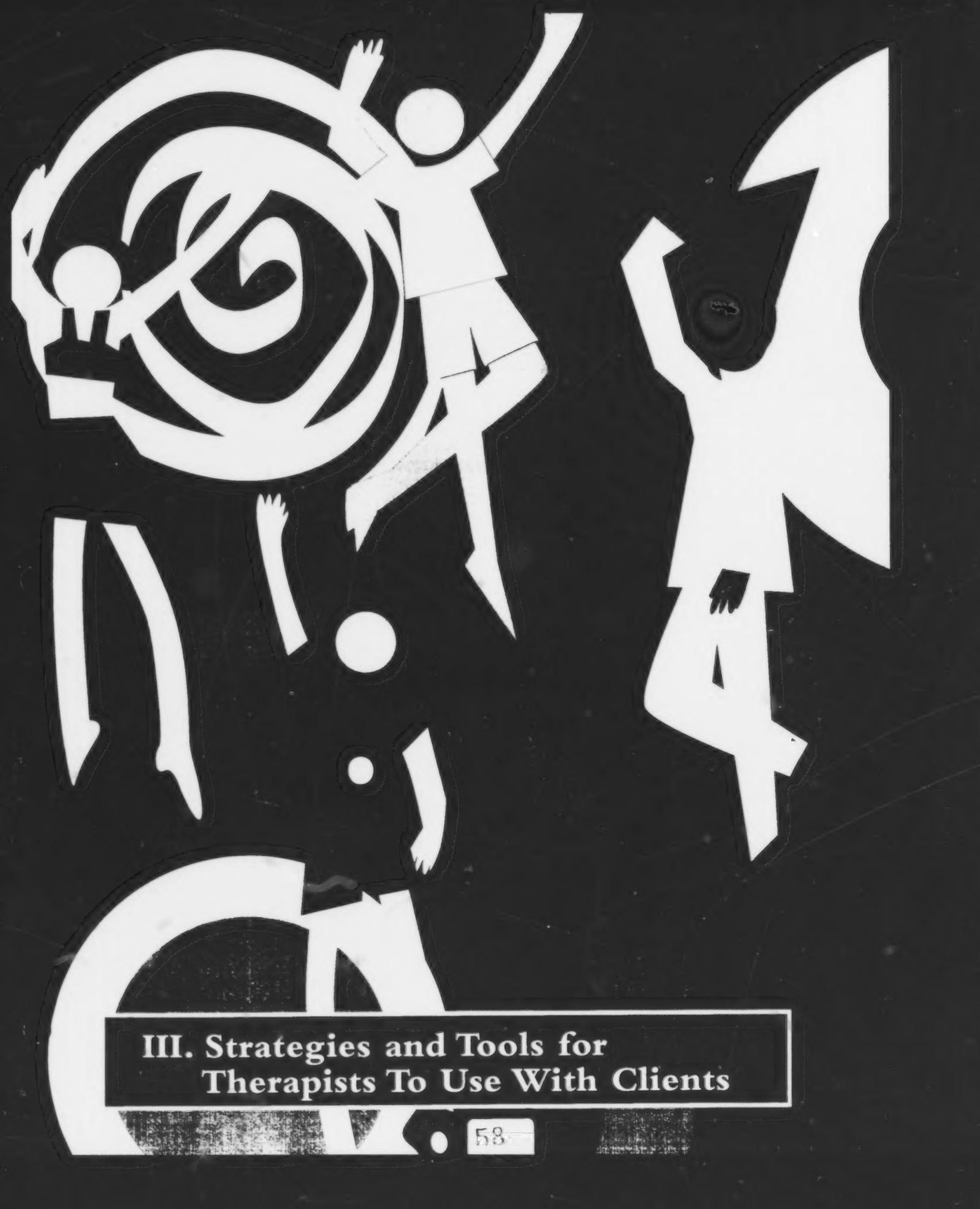
Resources (continued)

NACoA (National Association for Children of Alcoholics)

11426 Rockville Pike, Suite 100
Rockville, MD 20852
(301) 468-0985 or (888) 55-4COAS (phone)
(301) 468-0987 (fax)
www.nacoa.org

NASAP (National Association of Student Assistance Professionals)

4200 Wisconsin Avenue, Suite 106–118
Washington, DC 20016
(800) 257-6310 (phone)
(215) 257-6997 (fax)
info@nasap.org (e-mail)
www.nasap.org (Web site)



III. Strategies and Tools for Therapists To Use With Clients

Strategies and Tools for Therapists To Use With Clients

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- ❑ Helpful Information for Parents in Families Affected by Addiction 3–5
- ❑ Children Count, Too! 3–7
- ❑ Letters to Parents 3–8
- ❑ Information on CSAT TIP 36 3–15

Notes to Therapists Whose Clients Are Parents

This preventive intervention program for the school-age children of your clients has been designed recognizing the following realities:

- Most substance abuse treatment therapists are already being asked to do "more with less"—less money, less space, and less time.
- Clients in addiction treatment, whether inpatient or outpatient, must focus on their primary work of attaining sobriety and working a recovery program.
- Clients in treatment often have children whose needs continue to be ignored while their parents are in treatment just as they were ignored when active addiction controlled the family environment.
- When these children at high risk participate in preventive interventions, such as educational support group programs, there is a double benefit: They begin to experience recovery from the effects of parental addiction, and the levels of confusion and stress in their families diminish, enhancing the recovery environment for the parent(s).

So that your clients and their children may benefit from the children's participation in a children's program without increasing your workload, we have included in this section several pieces that may be helpful to you. Each of these is on the disk in this manual so that you can make minor changes and personalize the pieces to fit your program:

1. "Children Count, Too!" This flyer has helpful hints for client interaction with their children and for advocating for their children to receive continuing services at school or in the community. Please consider reprinting it and discussing it and distributing it to your clients when appropriate. You can add your program information in the box provided.

2. "Helpful Information for Parents in Families Affected by Addiction." This flyer contains messages to help parents understand their children's needs. You can share this with your clients at the appropriate time in the treatment process.

Remember that copies of letters to parents explaining their children's activities have been included in each of the six sessions. These letters are designed for the children to give to a parent or caregiver and will be included as handouts in each of the program activities. They are included here for you to share with your clients at the time of the related session so that you can keep your clients informed about what their children are learning. This can be done individually, but it is recommended that you distribute the letters during a group session so that the information can be discussed openly and briefly. Doing it in a group setting is a positive reminder to all that recovery work includes the children and that children can learn within a safe and enjoyable experience.

Helpful Information for Parents in Families Affected by Addiction

1. Addiction is a disease that affects the whole family.
2. It is confusing for a child to hate addiction and still love the parent who has the disease.
3. Encouraging children to participate in educational support programs at the treatment center, in school, or at a community agency will help them to know that they are not alone, that they didn't cause the disease, that they are not responsible for the problems in their family created by the disease, that they too can heal from the pain caused by the disease, and that there are safe, trustworthy people who can help them.
4. Sometimes children will not discuss how they have been affected by addiction in their family because they believe it is disloyal to betray "family secrets." Group makes it feel safe to learn about addiction, treatment, and recovery and to talk about their fears and feelings.
5. Participating in their own educational support program helps children to understand the disease that has affected their family and to learn healthy self-care skills. It also helps them to develop healthy problem solving and coping skills. This, in turn, helps to diminish a child's fear and to diminish stress in the family.
6. There is value in children having other supportive adults in their lives.
7. There is value in children participating in age-appropriate school and community activities. They need healthy outlets and chances to develop relationships with safe people outside the home. Outside activities can help them accomplish many things on their own and support their independence.
8. One in four children lives in a family where there is alcohol abuse or alcoholism. Others live in families with drug addiction. All of these children are at increased risk for addiction because of this family history.
9. Children may have developed a variety of behaviors to help them survive alcohol or drug addiction in the family, such as avoidance, perfectionism, or acting out. Be aware that a child's recovery also takes time and that programs such as those offered through your treatment center, Alateen, and student assistance programs in schools can help their healthy recovery.
10. Parenting skills training is helpful to all parents. It may be especially helpful to you in the months ahead, particularly if you also grew up in a family affected by alcohol or drug addiction.

Children Count, Too!

When parents of school-age children and youth come to treatment here, their children have a program designed specifically for them—a safe place where they can learn

- How to recognize and handle feelings in positive ways
- How to develop positive feelings about themselves
- How to cope with problems safely
- About the disease of addiction and whether to use alcohol or drugs
- How alcoholism and drug addiction affect the family
- How to make safe decisions
- How to get help, stay safe, and have fun

Growing up in a home where there is alcohol or drug addiction can be a special challenge for a child. Our programs provide both fun and education and include age-appropriate games, role-playing, videos, and group discussion.

The program consists of six rotating sessions in groups of similar ages. Youngsters may participate in group as long as they would like. The topics are

- Addiction
- Feelings
- Problem Solving
- Treatment and Recovery
- Safe People
- Coping

A young person can enter the program at any time. Parents are informed through letters about what the children are learning with each session.

Give your child(ren) the gift of recovery too. Enroll them in the Children's Program as you/your spouse come to treatment.

For information and registration:

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Addiction, and we did an activity to help children:

- *Understand more about the disease of addiction*
- *Realize it is not their fault and that they are not alone*
- *Realize that they can help take good care of themselves*

We encourage you to remind your child that addiction is not his or her fault.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Feelings, and we did an activity to help children:

- *Express both comfortable and uncomfortable feelings*
- *Understand how feelings may affect them and how they can handle feelings in safe ways*
- *Understand that there are safe people with whom they can share feelings and get support*

We encourage you to help your child practice expressing his/her feelings in respectful and safe ways.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Problem Solving, and we did an activity to help children:

- *Find new ways to solve problems*
- *Understand that all their choices have consequences*
- *Realize there are safe people and places to help them*

We encourage you to help your child practice solving problems in useful ways.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

65

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Treatment and Recovery, and we did an activity to help children:

- *Understand that people with addiction need help to recover*
- *Realize that they can't fix their parent's alcohol or drug problem, but they can work on their own self-care*
- *Realize that treatment and aftercare help addicted people to get better*

We encourage you to help your child take care of his/her body, mind, and feelings in healthy ways.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Safe People, and we did an activity to help children:

- ☐ *Understand the need and importance of always staying safe*
- ☐ *Understand the characteristics of "safe people"*
- ☐ *Realize that it's okay to ask safe people for help*

We encourage you to help your child be safe and to find safe people to talk with.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Coping, and we did an activity to help children:

- ☐ *Find new ways to communicate with family members*
- ☐ *Practice self-care strategies*
- ☐ *Realize that there are safe places to turn to for help*

We encourage you to help your child communicate and practice self-care.

If you have any questions, please speak with _____

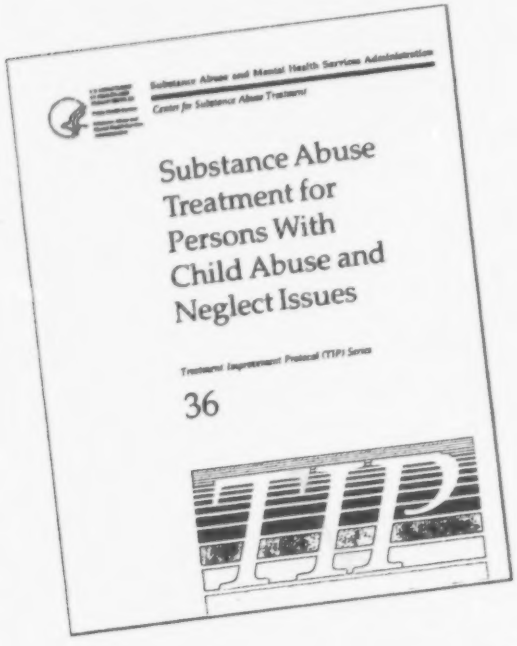
_____

Sincerely,

Children's Program Coordinator

Information on CSAT TIP 36

Childhood issues may interfere with an addicted person's recovery. One example of such an issue is physical, sexual, or emotional abuse during childhood. TIP 36, part of the Treatment Improvement Protocol (TIP) series, published by the Center for Substance Abuse Treatment (CSAT), offers guidance to substance abuse counselors and other providers in identifying and treating adults with alcohol or drug addictions who are survivors of childhood abuse or neglect. This guide warns that failure to treat both problems puts children of these patients at risk for abuse and neglect and eventual self-medication with alcohol or drugs. Awareness of the impact of these serious childhood issues can facilitate treatment effectiveness.


Substance Abuse and Mental Health Service Administration
Center for Substance Abuse Treatment
Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues
Treatment Improvement Protocol (TIP) Series
36
TIP

Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator Charles Curie said, "It is critically important that professionals who treat substance abuse in adults recognize the signs of prior childhood neglect and abuse. With estimates of as many as two-thirds of all those in substance abuse treatment reporting that they were physically, sexually or emotionally abused during childhood, we must focus on treating these adults who are raising the next generation of children."

CSAT Director H. Westley Clark explained that "TIP 36 will help alcohol and drug treatment providers work more effectively with adults with histories of childhood abuse or neglect, and adults who abuse, or are at risk of abusing, their own children. Without proper screening and assessment of their patients, counselors may wrongly attribute symptoms of childhood trauma-related disorders to the consequences of current substance abuse. Understanding and treating the root causes of clients' symptoms will greatly increase the effectiveness of substance abuse treatment."

TIP 36 can be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or online at www.health.org.

IV. Program Curriculum

Program Curriculum

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* Curriculum activities have been adapted from many sources, and all have been used effectively with the target population.

The notebook is set up to be used within your program; you may make copies of materials as needed to administer the program. Permission to copy materials for any other use must be obtained from NACoA.

Program Startup

Goals

The overall goals of the program are to build strength and to foster resilience among children of addicted parents (COAs). The skills we are building are social competence, problem solving, coping, autonomy, and a sense of purpose and future. Included in this section are the materials you will need to implement the curriculum.

Curriculum Organization

The Children's Program Curriculum is organized by 6 topic areas, which can be presented on a rotating basis. A child may enter the program at any point.

- Addiction
- Feelings
- Problem Solving
- Treatment and Recovery
- Safe People
- Coping

Each topic area lists at least five activities for elementary, middle school, and high school youth or 15 activities in total. Some activities are suitable for all ages, in which case they are listed under each age group.

The session format section lists the outline for the session and the activity options.

The activities are listed in 4–67 and 4–68 and given in 4–69 through 4–167.

Children's Program Paperwork: Three forms are provided and are on the disk included with this kit. The Referral Form is for enrollment purposes. Group facilitators can use the Children's Program Family Questionnaire and the Children's Program Child Questionnaire to obtain data and for administrative purposes. These forms provide background information on the family and specifically on the young people participating in the Children's Program. (pages 4–7 through 4–9)

Children's Program Facilitator's Planning Sheet: A planning sheet to be used by facilitators to get ready for group sessions and to evaluate effectiveness of the sessions. (page 4–10)

Addiction and Family Overview: A reference guide for opening each group session with a quick review of the disease of addiction. (page 4–11)

Group Rules: A page of group rules to ensure maximum benefit to participants. (page 4–12)

Group Openings: A list of opening exercises to make youngsters feel more comfortable and safe in the group. They set the tone by initiating interactions, building trust, and focusing and balancing the group's energy level. (page 4–13)

Group Closings: Exercises to allow youngsters to wind down, feel a sense of connection with the group, and say good-bye. (page 4–14)

Facilitator Role and Tasks: Important points for relating to participants. (page 4–15)

Key Things to Remember: Reminders for facilitators. (page 4–16)

Guidelines for Dealing With Suspected Abuse: Reporting policies and procedures. (page 4–17)

Session Format Outlines, Curriculum Activity Options, and Parent Letters: There are six topic areas—Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping. Each topic area has an outline that includes the session goals, background information, key concepts, and agenda which refer the facilitator to the curriculum activity options.

Under each topic are five activity options for each age group. Group facilitators should plan for an optional second activity in a topic area to take advantage of the time available to them or to change course if the activity selected is not working out.

Each session format outline is followed by a parent letter. These letters are to be given to the child at the end of group for the child to give to the caregiver parent or the adult bringing the child to the group. In this way, all involved will know what the children are learning. The therapist for the parent in treatment will also have copies of the letters to share with the client as the therapist feels appropriate. (pages 3–8 to 3–13)

Evaluation: Provides questionnaires for program evaluation. (page 4–47)

Guidelines for Age-Appropriate Use of Activities: A list of things to keep in mind for activities conducted with different age levels. (page 4–65)

Curriculum Activities: Session activities with lesson plans listed alphabetically. (pages 4–67 to 4–68)

Children's Program Referral Form

Dear Parent(s),

As part of your family recovery plan, we recommend that you enroll your child(ren) in our Children's Program. The Children's Program offers educational support groups to help your child(ren) understand addiction and how to make healthy choices for themselves. The program provides lessons on developing life skills, in an entertaining way. We look forward to welcoming your child(ren).

Parent/Guardian Name _____

Mailing Address _____

City _____ *ZIP Code* _____

Home Phone (____) _____ *Work Phone (____)* _____

May we send information to your mailing address? *Yes* ❑ *No* ❑

May we leave messages at your home phone number? *Yes* ❑ *No* ❑

May we call you at your work phone number? *Yes* ❑ *No* ❑

Please list all the children you are enrolling.

Name	*Birth Date*
_____	_____
_____	_____
_____	_____

Please Note: Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. This form simply helps us get to know your child(ren) better while they are in our program. Be assured, however, that these forms will be kept confidential and will be shared only with those program personnel who will work with your child's group.

Children's Program Family Questionnaire

PLEASE FILL OUT BOTH PAGES OF THIS FORM

Parent/Guardian Name(s):

_____

Marital Status: _____ *Married* _____ *Separated* _____ *Widowed* _____ *Divorced*

With whom does your child live? _____

The following information allows the program staff to work more effectively with your children. Please fill in the appropriate areas.

_____

Family member(s) who are chemically dependent:

In recovery? *Yes* _____ *No* _____ *Comments:* _____

In treatment? *Yes* _____ *No* _____ *Comments:* _____

Family member(s) who are in therapy _____

Comments: _____

Where?/Therapist name: _____

_____

Who may pick up your children?

Please list the names of two people who can be called in an emergency:

Name and Address: _____

Relationship to Child: _____

Phone (with area code): _____

Name and Address: _____

Relationship to Child: _____

Phone (with area code): _____

Please Note: Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. This form simply helps us get to know your child(ren) better while they are in our program. Be assured, however, that these forms will be kept confidential and will be shared only with those program personnel who will work with your child's group.

(Next page, please)

Children's Program
Child Questionnaire

Parent/Guardian Name(s):

(First) _____ *(Last)* _____

(First) _____ *(Last)* _____

Has (Have) your child(ren) participated in our Children's Program in the past?

_____*YES* _____*NO*

If YES, when? _____

---

1. *Child's Name: (First)* _____ *(Last)* _____

   Age _____ *Birth Date* ____/____/____ *Grade Level in school* _____

   In what activities does your child participate? _____

   _____

   Has your child ever had special education services? _____*YES* _____*NO*

   If YES, please describe. _____

   Does your child read? _____*YES* _____*NO*

   Does your child's school have support groups for children? _____*YES* _____*NO*

   If YES, is your child participating? _____*YES* _____*NO*

   Children often have special needs. Please describe your child's needs.

   _____

---

2. *Child's Name: (First)* _____ *(Last)* _____

   Age _____ *Birth Date* ____/____/____ *Grade Level in school* _____

   In what activities does your child participate? _____

   _____

   Has your child ever had special education services? _____*YES* _____*NO*

   If YES, please describe. _____

   Does your child read? _____*YES* _____*NO*

   Does your child's school have support groups for children? _____*YES* _____*NO*

   If YES, is your child participating? _____*YES* _____*NO*

   Children often have special needs. Please describe your child's needs.

   _____

Please Note: Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. This form simply helps us get to know your child(ren) better while they are in our program. Be assured, however, that these forms will be kept confidential and will be shared only with those program personnel who will work with your child's group.

Children's Program Facilitator's Planning Sheet

*Date:*_____

Session Title: _____

Group Facilitator(s): _____

Materials Needed (list of items): _____

Opening (15 minutes):

Welcome

Review Addiction and Family Overview (on page 4–11)

Review Group Rules (on page 4–12)

Group Opening/Hello Exercise (on page 4–13)

Primary Activity (30–35 minutes):

_____

Cover one or two key concepts.

Discussion

Secondary Activity (optional):

_____

Cover one or two key concepts.

Closing (10 minutes):

Review Skills Learned

Group Closing/Goodbye Exercise (on page 4–14)

Parent Letter

Notes on session (response, effectiveness, and suggestions to improve):

_____

_____

_____

_____

_____

—File this sheet for future reference.

Addiction and Family Overview

This introductory overview is to be used for opening each session. This is to reinforce the material on addiction for those who have had this subject covered, and to give context for those children who are entering the group at any point in the six-session cycle.

Presenting the Overview

1. Have the facilitator give the overview and allow children to ask questions.
2. Or have a child who has already participated in the Addiction Session give the overview and then have the facilitator fill in any information. Allow children to ask questions.

Important Points

- Remind the children before beginning each group session that addiction is a disease. Children who live with the chaos and confusion of addiction often see only the irrational behavior that follows the disease, so it may be necessary to explain briefly that addiction is a brain-based disease. People who have it develop altered brain chemistry that causes them to become addicted if they use alcohol or drugs. Some people have brains that are more susceptible than others to this disease.
- Remind children that the younger someone starts drinking, the greater the chance that the person will develop a problem with alcohol at some point in life. People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who begin drinking at the age of 21.
- Remind children that there is no such thing as a perfect family. All families are special, but all have problems and stress. For instance, in some families, someone is out of work or lacks money. In other families, the parents may fight a lot or get divorced. In others, someone may have an illness. Addiction is a family problem too, because it is like a weight put on a member of the family so that the whole family becomes out of balance. If one person in the family is in trouble with alcohol or drug use, the whole family feels it. Also, when one person in the family changes, everyone is affected. Even when people begin to take better care of themselves, there is change, which may be hard to understand.
- Sometimes children think that they cause their parents to drink or use drugs. This is not true. Adults are responsible for the choices they make. Some adults choose to use alcohol or drugs. Then once they become addicted, they may no longer be able to stop using without help. Children can't cure their parents' addiction to alcohol or drugs. Children should not be expected to solve adult problems. Children can, however, get help for their own problems so that they can be safe and feel better.

Group Rules

These rules provide a common ground of acceptable behavior for the group.

Note: The facilitator may want to write these on the board or flip chart (or make a poster for use at each session).

1. ONE PERSON TALKS AT A TIME.

   When the children are in group, we want them to feel "heard" so we ask that they take turns speaking.

2. RESPECT EACH OTHER. (BE NICE!)

   We want everyone to feel welcome and an equal in the group. No one is more important than anyone else. So let's be kind to one another.

3. PUT-UPS ONLY!

   In other words, no put-downs.

4. RIGHT TO PASS.

   We want children to be able to participate in the groups when they feel comfortable. They have the right to remain quiet but they must stay in the group and be respectful.

5. WHAT WE SAY HERE, STAYS HERE.

   Children talk more freely and share feelings more openly when they believe what they say will not be discussed outside of group or told directly to their parents. In reviewing the rules, we always inform the children that if they share information in group that makes us suspect their safety is in jeopardy, we may have to act on that information to help them stay safe. We will discuss our concerns with the child first, and with the parent(s) as appropriate.

Consequences

1. STRIKE ONE: A WARNING.

   A quiet reminder to follow the rules.

2. STRIKE TWO: TIMEOUT!

   If a child repeatedly violates the rules, we may give the child a short timeout (1–5 minutes). Doing so allows him or her to focus and rejoin the group.

3. STRIKE THREE: YOU'RE OUT!

   A conference is set up with the parent, child, and facilitator to discuss the next step.

Group Openings/Hello Exercises

One or more of the following questions can be used at the beginning of a group meeting to break the ice and encourage the young people to share their thoughts and feelings.

- What is your favorite day of the year?
- If you had all the money in the world, what would you do?
- What famous person would you like to meet?
- What kind of food would you be on a cold day?
- What's one thing you'd like to be remembered for?
- What kind of animal do you feel like today?
- Who are your heroes?
- If you could have only one wish, what would you wish for?
- What is your favorite movie?
- What's a topic you have difficulty talking about?
- What is something you find really funny?
- What is one of your special qualities?
- What food do you think is gross?
- What do you like to do for fun?
- If you could do anything you want tomorrow, what would you do?
- What is the best gift you've given someone?
- What feeling is easy for you to share?
- What would you like to be famous for?
- What kind of animal would you like to be?
- What would you like to be doing 10 years from now?
- What subject would you like to teach others?
- If you could have one wish that would help your family, what would you wish for?
- If you could go anywhere on an adventure, where would you go?
- What's something you would like to learn more about?
- Who is a safe person you can talk to?
- If you could spend the day with a famous person, what would you do?
- What special quality would you like to have?
- What feeling is difficult for you to express?

Group Closings/Goodbye Exercises

The following activities help the group wind down and provide a transition for closure. They also empower youngsters with strategies and important messages to assist them until the group meets again.

- **Paragraph Giraffe**

  The facilitator writes the words, "Today in group, we..." on the chalkboard or newsprint. Every group member has the opportunity to add a sentence that fits the sentence that precedes it.

- **The Serenity Prayer**

  God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

- **Rainbow**

  Sitting in a circle, all children share their hopes and dreams, specifically what their "pot of gold" at the end of the rainbow looks like.

- **Hand Squeeze**

  With the group standing in a circle and members holding hands with one another, the facilitator begins by gently squeezing the hand of the person on his or her right. The squeeze then continues around the circle of children.

- **Fun Factory**

  Group members share something fun they hope to do before the next group.

- **Group Hug**

  Members stand in a circle and place their arms on the shoulders of the person on each side. Everyone gently gives a squeeze on the shoulders.

- **Gifts Galore**

  Sitting in a circle, everyone gives a special "gift" to the person on his or her left, such as the gift of playfulness, the gift of understanding, the gift of love, or the gift of joy.

- **Joke Time**

  Members have the chance to share a joke or two.

- **Song**

  Some groups adopt a song as the group song. You can either play the song or have the group sing it.

Facilitator Role and Tasks

Although children's group facilitators can't solve the family problems that accompany addiction, they can nevertheless make a real difference in a child's life. By following the process outlined below, facilitators can relate to young people in a manner that doesn't ignore or deny the children's experiences. This approach can provide significant relief, support, and assistance to children.

1. Listen

Listen to what the children are saying. Listen with your eyes. Give them focused attention with sustained eye contact and active listening. Show them that you care by entering their world and respecting what they have to say.

2. Observe

Watch for nonverbal forms of communication as well. Be aware of facial expressions, body language, and the manner in which children respond to others. Be mindful of their general appearance, who sits next to whom, and their attitude from group to group. Tone of voice also provides distinct clues about what's going on for a particular child.

3. Validate

Let the children know that you heard and understood what they were communicating in group. Acknowledge what was said, ask relevant and meaningful questions to show your concern, and reflect the children's feelings in a caring and nonjudgmental manner. By validating a child's perceptions and feelings, you help the child realize that he or she is not going crazy. (Many of these children have rarely had their perceptions and feelings validated.)

4. Educate

Give children basic information about addiction in a way they can understand. Help them to realize that these family problems are not their fault and that they are not to blame. Introduce them to a variety of healthy living skills, including the identification and expression of feelings, problem solving and self-care strategies, and exercises building self-worth.

5. Empower

Help children identify safe people to whom they may turn for support and guidance, such as those individuals who truly care about them, are trustworthy, and aren't harmfully involved in addictive behavior. Safe people may be recovering parents, siblings, other relatives, neighbors, teachers, ministers, coaches, or counselors. Help children realize that they don't have to be alone anymore.

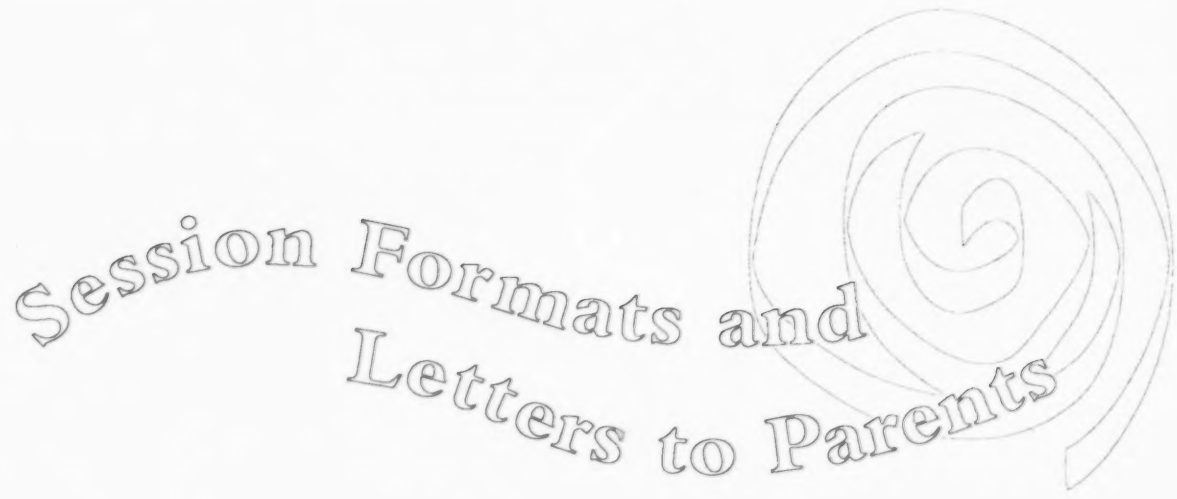
Key Things to Remember

1. Children should not be left unattended for any reason. If a child needs to leave group, he/she should be accompanied by a second facilitator, or—where applicable—a staff member/program volunteer.
2. None of the children's work from the group sessions (worksheets, bags, etc.) should be sent home.
3. Covering one or two of the key concepts in one session is effective.
4. Children who do not participate in all six sessions are not failures. Each session is a gift.
5. With children entering the program throughout the sessions, it may be important to spend more time on openings for bonding and comfort.
6. Be prepared for handling a large number of children by
   - Getting more help, if possible, or
   - Spending more time on each step of the activities.
7. It is okay for a child to repeat the program. New insights and varied activities can help deepen understanding and the will to be healthy.
8. To be effective in assisting young people in the recovery process, group facilitators need to
   - Enter the children's world
   - Give children focused attention
   - Listen to what children say, both verbally and nonverbally
   - Understand from the children's perspective
   - Give children age-appropriate information they can understand
   - Introduce children to a wide variety of fun and relevant activities
   - Be a healthy role model to children
   - Allow children to grow through their pain
   - Give children options and choices to solve problems and take good care of themselves
   - Respond to children in nonjudgmental ways
   - Constantly observe the group members' behavior in and out of the group
   - Develop plans and activities to best meet the children's needs
   - Maintain a personal support system to stay healthy and have positives to give to the children.
9. Put on all parent letters the name(s) of the appropriate staff person(s) and their contact number(s) a parent could contact if he/she had questions.
10. Have fun!

Guidelines for Dealing With Suspected Abuse

While most children who participate in educational support groups do not report abuse by parents or other adults, occasionally children may disclose incidents of abuse or neglect. Therapists and children's program group facilitators must follow agency policies and procedures for reporting. These guidelines for dealing with suspected abuse are included to assist you should you suspect that a child in your group is subject to abuse or neglect:

- If a child discloses any information about possible abuse (keep in mind that neglect is a form of abuse), meet with the child individually after group. Make every effort to gain the child's trust and confidence, and let the child know he or she is not in trouble. Make it clear that the goal of the children's program is to help the child stay safe.
- Ask the child for specific information about what had been previously disclosed (for example: What specifically happened? Does that occur frequently? Have you ever had bruises, hand marks, or burns on your body as a result of getting in trouble or being hit?). Get specific data when you ask the child what has happened. For example, a specific statement might be, "My grandfather puts his hands on my private parts." You might ask, "Is this with your clothes on or off?" Don't ask for graphic details.
- Notify the children's program supervisor (or other person designated in agency policy) about the situation. Doing so will provide an opportunity to discuss the case and to determine if a report should be filed. No children's program staff member should make such a determination alone. The facilitator and supervisor involved can get the assistance of staff members, including the client's primary therapist. This could be a therapeutic issue for the client. The treatment team can best determine how to incorporate this issue into the treatment plan for the client, and it allows the whole team to work together.
- Reports to Children's Protective Services generally must be followed up with a written report. Your supervisor will likely have the necessary forms available in case a report needs to be made. At all times, follow agency procedures.
- If a decision is made to file a report, let the child know. Show your concern. Let the child know you want to help him or her stay safe.
- Remember that a report should be filed when child abuse is suspected. Children's program staff members are not responsible for investigating such matters. The proper authorities will follow up on the report.
- Filing a report can be a scary and emotionally distressing experience. It is essential for children's program staff members to support one another when such a situation arises.


Session Formats and
Letters to Parents

Goals

1. Help children understand the disease of alcoholism and drug addiction.
2. Help children realize that addiction is not their fault.
3. Help children realize that they are not alone; many young people live in families with addiction.
4. Help middle-school- and high-school-age children understand that they are at increased risk for addiction because it tends to run in families.

Background Information

Children living in addicted families often think they are the only ones in their school or neighborhood who have such family problems. They may feel confused about what is happening in their homes because of the chaos, inconsistency, and unpredictability. Even insightful children who realize that alcohol or drugs are a major problem in their families may lack a basic understanding of this disease. Many get the idea that the situation is somehow their fault, and this notion is compounded by the cloak of secrecy and silence that dominates their home environment. Children need information on alcohol and drugs and the family aspects of the disease of addiction. They can learn about addiction's impact on the family, blackouts, relapse, denial, personality changes, and enabling in terms that they can understand. Information on what is happening in their homes opens the door to recovery and validates their experiences. They feel incredible relief when they learn that the problems are not their fault and they are not alone—that there are many families and children dealing with similar situations.

Key Concepts

- Addiction affects everyone in a family.
- People can get hooked on a variety of drugs.
- Some people have an illness or disease called addiction.
- Individuals can get stuck, hooked, and controlled by chemicals.

Agenda

I. Group Opening

A. Welcome and cover Addiction and Family Overview on page 4–11.

B. Review Group Rules on page 4–12.

C. Do Pretest (optional); see pages 4–47, 4–49, 4–50.

D. Choose Group Opening/Hello Exercise on page 4–13.

II. Curriculum Activity

(see options on next page)

III. Group Closing

A. Review skills learned today and things to practice at home.

B. Choose Group Closing/Goodbye Exercise on page 4–14.

C. Do Posttest (optional); see pages 4–47, 4–49, 4–50.

D. Remind of next session and give Parent Letter to take home on page 4–23.

Curriculum Activity Options

Review the activities and select one or two that best fit your group.

Addiction

Elementary School

- ☐ Bicycle* ..... Page 4–78
- ☐ Drinking and Drug Problems ..... Page 4–87
- ☐ *PEPPER* Story and Video ..... Page 4–122
- ☐ Seven Cs ..... Page 4–154
- ☐ *You're Not Alone* Video ..... Page 4–165

Middle School

- ☐ Addiction Illustrated ..... Page 4–70
- ☐ Bubblegum Family* ..... Page 4–80
- ☐ High-Risk Me ..... Page 4–108
- ☐ *Michael's Journey* Video ..... Page 4–117
- ☐ Seven Cs ..... Page 4–154

High School

- ☐ Bubblegum Family* ..... Page 4–80
- ☐ High-Risk Me ..... Page 4–108
- ☐ *Michael's Journey* Video ..... Page 4–117
- ☐ Quiz on Alcoholism and Drug Addiction ..... Page 4–143
- ☐ Rad Ads ..... Page 4–146

*High-energy activity

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Addiction, and we did an activity to help children:

- ☐ *Understand more about the disease of addiction*
- ☐ *Realize it is not their fault and that they are not alone*
- ☐ *Realize that they can help take good care of themselves*

We encourage you to remind your child that addiction is not his or her fault.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Goals

1. Help children identify and express both comfortable and uncomfortable feelings.
2. Help children understand how feelings may affect them and how they can handle feelings in safe ways.
3. Help children understand that there are safe people with whom they can share feelings and get support.

Background Information

Many children lack the necessary vocabulary to identify and express their feelings. They tend to lump all feelings into good/bad or happy/sad categories. Children from addicted family systems become adept at covering up their feelings as a means of survival. They learn to stuff their feelings inside, especially uncomfortable ones that are not acceptable to communicate in their families (such as being angry). This powerful "don't talk and don't feel" rule can be a pervasively entrenched message. Because emotions are not openly discussed, children not only lack the opportunity for validation but also get cut off from fully experiencing those feelings and learning healthy ways to cope with them. Assist children in identifying, owning, and expressing their feelings in healthy ways. Feelings are signs that guide young people on their way. All feelings are normal and okay.

Key Concepts

- Feelings are like road signs, signals to pay attention to; they signal people to take care of themselves.
- Explain that all feelings are okay; they are neither good nor bad, they just are.
- Differentiate between comfortable and uncomfortable feelings and recognize that expressing uncomfortable feelings sometimes can be difficult.
- Using alcohol or drugs can be an unhealthy way for people to manage their feelings. People sometimes start drinking or using drugs to change the way they feel or to relieve uncomfortable feelings and make them go away temporarily.

Agenda

I. Group Opening

A. Welcome and review Addiction and Family Overview on page 4–11.

B. Review Group Rules on page 4–12.

C. Do Pretest (optional); see pages 4–47, 4–51, 4–52.

D. Choose Group Opening/Hello Exercise on page 4–13.

II. Curriculum Activity

(see options on next page)

III. Group Closing

A. Review skills learned today and things to practice at home.

B. Choose Group Closing/Goodbye Exercise on page 4–14.

C. Do Posttest (optional); see pages 4–47, 4–51, 4–52.

D. Remind of next session and give Parent Letter to take home on page 4–27.

Curriculum Activity Options

Review the activities and select one or two that best fit your group.

Feelings

Elementary School

- ☐ Feelings Box.....Page 4–92
- ☐ Feelings Tagalong.....Page 4–96
- ☐ Feelings Wheel .....Page 4–97
- ☐ Guess My Feeling Game* .....Page 4–101
- ☐ *PEPPER* Story and Video.....Page 4–122

Middle School

- ☐ Bubblegum Family* .....Page 4–80
- ☐ Feelings Box.....Page 4–92
- ☐ Feelings Face Case.....Page 4–94
- ☐ Feelings Wheel .....Page 4–97
- ☐ *Michael's Journey* Video.....Page 4–117

High School

- ☐ Bag o' Feelings.....Page 4–74
- ☐ Comfortable/Uncomfortable Feelings.....Page 4–83
- ☐ Feelin' and Healin' Game*.....Page 4–91
- ☐ Fill in Your Feelings .....Page 4–99
- ☐ Many People Can Help Me .....Page 4–115

*High-energy activity

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Feelings, and we did an activity to help children:

- *Express both comfortable and uncomfortable feelings*
- *Understand how feelings may affect them and how they can handle feelings in safe ways*
- *Understand that there are safe people with whom they can share feelings and get support*

We encourage you to help your child practice expressing his/her feelings in respectful and safe ways.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Goals

1. Help children find new ways to solve problems.
2. Help children understand that all their choices have consequences.
3. Help children to realize there are safe people and places to help them.

Background Information

Children from addicted families often grow up too fast as a result of assuming adult problems, worries, and concerns. They may be overwhelmed and confused by all that is happening around them and to them. While most of these children manage to survive, they get caught in a family trap where no one consistently models healthy living skills. Rather, some family members usually try to take care of one another instead of themselves, which causes a lack of self-care modeling. Children attempt to deal with complex life problems with only a few items in their "toolboxes" and with few healthy examples to follow. The absence of a consistent role model adds to their sense of confusion, and often they feel alone. Many experience feelings of guilt and shame as a result of failing to solve the family's problems. The feelings of hopelessness and powerlessness can make them believe they cannot or should not make any decisions or solve any problems. Children can learn to recognize and solve many of the problems they encounter. They can learn to choose healthier ways of responding to people and situations. It is important to teach them practical tools to solve problems.

Key Concepts

- Introduce children to a variety of problem solving and coping strategies.
- Everyone has problems to face and solve each day.
- Help children understand that it's okay to ask for help, and that doing so is a sign of strength, not weakness.
- Guide children in realizing that they have options in handling life problems and taking good care of themselves.

Agenda

I. Group Opening

A. Welcome and review Addiction and Family Overview on page 4–11.

B. Review Group Rules on page 4–12.

C. Do Pretest (optional); see pages 4–47, 4–53, 4–54.

D. Choose Group Opening/Hello Exercise on page 4–13.

II. Curriculum Activity

(see options on next page)

III. Group Closing

A. Review skills learned today and things to practice at home.

B. Choose Group Closing/Goodbye Exercise on page 4–14.

C. Do Posttest (optional); see pages 4–47, 4–53, 4–54.

D. Remind of next session and give Parent Letter to take home on page 4–31.

Curriculum Activity Options

Review the activities and select one or two that best fit your group.

Problem Solving

Elementary School

- ☐ Dealing With Anger ..... Page 4–85
- ☐ Healthy Decisions ..... Page 4–102
- ☐ Problem and Solution Game* ..... Page 4–139
- ☐ Problem Box, Solution Box ..... Page 4–140
- ☐ Wheel of Misfortune* ..... Page 4–161
- ☐ *You're Not Alone* Video ..... Page 4–165

Middle School

- ☐ Healthy Decisions ..... Page 4–102
- ☐ Helpful vs. Hurtful Scramble ..... Page 4–106
- ☐ Problems, Problems ..... Page 4–141
- ☐ Safe People Maps ..... Page 4–147
- ☐ Wheel of Misfortune* ..... Page 4–161
- ☐ *You're Not Alone* Video ..... Page 4–165

High School

- ☐ Anger Intensity ..... Page 4–72
- ☐ Basic Steps in Problem Solving and Decision Making ..... Page 4–76
- ☐ Problem and Solution Game* ..... Page 4–139
- ☐ Problems, Problems ..... Page 4–141
- ☐ STARR ..... Page 4–157
- ☐ *You're Not Alone* Video ..... Page 4–165

*High-energy activity

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Problem Solving, and we did an activity to help children:

- *Find new ways to solve problems*
- *Understand that all their choices have consequences*
- *Realize there are safe people and places to help them*

We encourage you to help your child practice solving problems in useful ways.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Treatment and Recovery

Goals

1. Help children understand that people with addiction need help to recover.
2. Help children realize they can't fix their parents' problems, but can work on their own self-care.
3. Help children realize that treatment and aftercare assist addicted people to get better.

Background Information

Participating in treatment for addiction to alcohol and drugs helps people to learn what to do to recover from the disease of addiction. They learn new skills, tools to use, and resources to facilitate sobriety. Long-term recovery takes a lot of work and help from other people. Treatment and recovery are a safety net that protect the person from alcohol or drugs and their negative consequences. Children need to learn that addiction is not their fault and that they cannot make everything better with their addicted parents, whether or not the parent goes to treatment. Children need to learn about relapse and that, if a parent relapses, it is not their fault either. When parents do get treatment and are in recovery, that does not solve the children's problems. Children are constantly learning family rules and guidelines for survival and growth. When the addictive behavior stops, the children cannot go back to healthy ways of functioning because they may never have experienced them. There is still a great deal of tension in the homes and often depression and anger to be addressed. Helping children to be prepared to handle these feelings and to continue to take care of themselves is essential. In educational support groups, children learn to affirm their own perceptions of reality, trust their feelings, and learn healthy ways of functioning.

Key Concepts

- Treatment helps the addicted person to begin recovery.
- Relapse can happen with the disease of addiction.
- It's okay for you to ask for help even if your parent doesn't get help.
- There are safe people and places to turn to for help.

Agenda

I. Group Opening

A. Welcome and review Addiction and Family Overview on page 4–11.

B. Review Group Rules on page 4–12.

C. Do Pretest (optional); see pages 4–47, 4–55, 4–56.

D. Choose Group Opening/Hello Exercise on page 4–13.

II. Curriculum Activity

(see options on next page)

III. Group Closing

A. Review skills learned today and things to practice at home.

B. Choose Group Closing/Goodbye Exercise on page 4–14.

C. Do Posttest (optional); see pages 4–47, 4–55, 4–56.

D. Remind of next session and give Parent Letter to take home on page 4–35.

Curriculum Activity Options

Review the activities and select one or two that best fit your group.

Treatment and Recovery

Elementary School

- ☐ Addiction Game* ..... Page 4–69
- ☐ Family Self-Care Map ..... Page 4–89
- ☐ Jeopardy Self-Care Game ..... Page 4–109
- ☐ Seven Cs ..... Page 4–154
- ☐ Treatment-n-Recovery ..... Page 4–160

Middle School

- ☐ Addiction Game* ..... Page 4–69
- ☐ Letters to Addiction ..... Page 4–110
- ☐ Seven Cs ..... Page 4–154
- ☐ Treatment and Recovery Ask-It Basket ..... Page 4–159
- ☐ Treatment-n-Recovery ..... Page 4–160

High School

- ☐ Addiction Game* ..... Page 4–69
- ☐ Letters to Addiction ..... Page 4–110
- ☐ Letters to Recovery ..... Page 4–113
- ☐ Treatment and Recovery Ask-It Basket ..... Page 4–159
- ☐ Treatment-n-Recovery ..... Page 4–160

*High-energy activity

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Treatment and Recovery, and we did an activity to help children:

- *Understand that people with addiction need help to recover*
- *Realize that they can't fix their parent's alcohol or drug problem, but they can work on their own self-care*
- *Realize that treatment and aftercare help addicted people to get better*

We encourage you to help your child take care of his/her body, mind, and feelings in healthy ways.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Safe People

Goals

1. Help children understand the need for and importance of always staying safe.
2. Help children understand the characteristics that make people "safe people."
3. Help children realize that it's okay to ask safe people for help.

Background Information

Children from addicted families are vulnerable and need to know how to take care of themselves. They need to learn what to do when their homes are not safe. Because of their low self-esteem, frequent lack of parental guidance concerning personal safety, and lack of role modeling, they are at increased risk for future addiction and mental health problems. Being safe and taking care of themselves are important. Children lessen their risk when they ask for help. Children need to be aware of their own needs and to learn to ask for what they need. In order to grow every day and still be safe, they need to take risks and to make healthy, safe choices. Depending on the choices they make, they are more or less likely to develop problems. Sometimes these children forget that they have choices and can ask for help, creating a sense of isolation that makes them even more vulnerable to alcohol and drug use. Children in addicted families need safe people to talk to. There are many people who care and who can help children avoid alcohol or drug problems. When children ask people in the community for help, they learn that they never need to feel alone again. They learn how essential it is to take good care of themselves and to stay safe. They learn to put themselves first.

Key Concepts

- Each person has strengths and weaknesses in all areas of his/her life.
- Everyone has problems and stress, and it's okay to ask for help with problems.
- It is important to identify safe people to ask for help and to learn to handle problems in safe ways.
- It is important for children to take good care of themselves.

Agenda

I. Group Opening

A. Welcome and review Addiction and Family Overview on page 4–11.

B. Review Group Rules on page 4–12.

C. Do Pretest (optional); see pages 4–47, 4–57, 4–58.

D. Choose Group Opening/Hello Exercise on page 4–13.

II. Curriculum Activity

(see options on next page)

III. Group Closing

A. Review skills learned today and things to practice at home.

B. Choose Group Closing/Goodbye Exercise on page 4–14.

C. Do Posttest (optional); see pages 4–47, 4–57, 4–58.

D. Remind of next session and give Parent Letter to take home on page 4–39.

Curriculum Activity Options

Review the activities and select one or two that best fit your group.

Safe People

Elementary School

- ☐ Many People Can Help Me ..... Page 4–115
- ☐ *PEPPER* Story and Video ..... Page 4–122
- ☐ Safe/Unsafe People Game* ..... Page 4–149
- ☐ Wheel of Misfortune ..... Page 4–161
- ☐ *You're Not Alone* Video ..... Page 4–165

Middle School

- ☐ Many People Can Help Me ..... Page 4–115
- ☐ Safe People Maps* ..... Page 4–147
- ☐ Seven Cs ..... Page 4–154
- ☐ Wheel of Misfortune ..... Page 4–161
- ☐ *You're Not Alone* Video ..... Page 4–165

High School

- ☐ Many People Can Help Me ..... Page 4–115
- ☐ Negative Thoughts That Prevent Effective Action ..... Page 4–120
- ☐ Safe People Maps* ..... Page 4–147
- ☐ Wheel of Misfortune ..... Page 4–161
- ☐ *You're Not Alone* Video ..... Page 4–165

*High-energy activity

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Safe People, and we did an activity to help children:

- *Understand the need and importance of always staying safe*
- *Understand the characteristics of "safe people"*
- *Realize that it's okay to ask safe people for help*

We encourage you to help your child be safe and to find safe people to talk with.

If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Goals

1. Help children find safe ways to communicate with family members.
2. Help children practice self-care strategies.
3. Help children realize there are safe places to turn to for help.

Background Information

Growing up in a chemically dependent family can be a nightmare for children. Broken promises, verbal violence, mixed messages, parental inconsistencies, and threats of abuse are some of the problems they may endure. Parents aren't always available or able to meet their children's needs in a consistent way. Many such children don't know what normal is because they constantly readjust to chaos and craziness. They often end up isolated in silence and pain. Sometimes they spend so much time worrying about and taking care of other people's problems that they don't have enough energy or time to take care of their own needs. Children can learn to cope with and overcome these problems. By introducing them to basic problem solving and self-care strategies, we empower them to focus on themselves and take good care of themselves in the process. Children need to realize that they have options in handling life problems. They can learn a variety of healthy coping behaviors. Such a process helps them to develop choices for ways to cope positively, to add new skills to their toolboxes, and to increase their self-confidence.

Key Concepts

- Identify areas of life that cause stress.
- Develop coping strategies.
- Always stay safe.
- Find ways to take care of yourself.
- Set boundaries.
- Ask for help when you need it.

Agenda

I. Group Opening

A. Welcome and review Addiction and Family Overview on page 4–11.

B. Review Group Rules on page 4–12.

C. Do Pretest (optional); see pages 4–47, 4–59, 4–61.

D. Choose Group Opening/Hello Exercise on page 4–13.

II. Curriculum Activity

(see options on next page)

III. Group Closing

A. Review skills learned today and things to practice at home.

B. Choose Group Closing/Goodbye Exercise on page 4–14.

C. Do Posttest (optional); see pages 4–47, 4–59, 4–60.

D. Remind of next session and give Parent Letter to take home on page 4–43.

Curriculum Activity Options

Review the activities and select one or two that best fit your group.

Coping

Elementary School

- ☐ Many People Can Help Me ..... Page 4–115
- ☐ My Rules for Safe Communication ..... Page 4–118
- ☐ Safe Way Role-Play* ..... Page 4–150
- ☐ Self-Care Bags ..... Page 4–153
- ☐ Seven Cs ..... Page 4–154

Middle School

- ☐ Jeopardy Self-Care Game* ..... Page 4–109
- ☐ Many People Can Help Me ..... Page 4–115
- ☐ *Michael's Journey* Video ..... Page 4–117
- ☐ My Rules for Safe Communication ..... Page 4–118
- ☐ Searchin' Serenity ..... Page 4–151

High School

- ☐ Jeopardy Self-Care Game* ..... Page 4–109
- ☐ Many People Can Help Me ..... Page 4–115
- ☐ *Michael's Journey* Video ..... Page 4–117
- ☐ My Rules for Safe Communication ..... Page 4–118
- ☐ Searchin' Serenity ..... Page 4–151

*High-energy activity

Date:____/____/____

Dear Parent:

The Children's Program provides lessons on developing life skills. The topics include Addiction, Feelings, Problem Solving, Treatment and Recovery, Safe People, and Coping.

Today we talked about Coping, and we did an activity to help children:

- ▫ *Find new ways to communicate with family members*
- ▫ *Practice self-care strategies*
- ▫ *Realize that there are safe places to turn to for help*

We encourage you to help your child communicate and practice self-care.

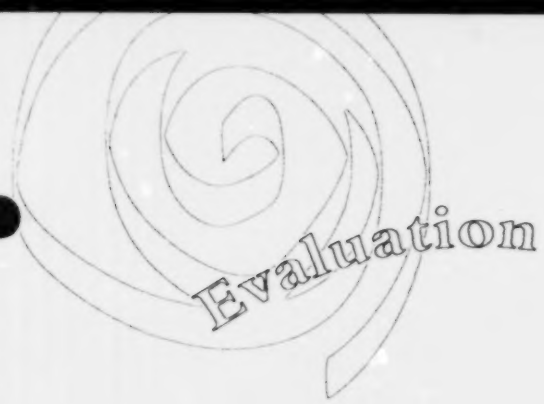
If you have any questions, please speak with _____

_____

Sincerely,

Children's Program Coordinator

Evaluation



Program funders are always interested in whether they should continue to fund any given program. In order to make this decision, they need to know if the program works or not.

To find out if the program works, agencies must implement some type of evaluation that will show the participant changes from the beginning of the program to the end of the program. This is typically known as a pretest/posttest change. To assess participant changes, the program administers the pretest to the participant and then administers the same test at the end of the intervention. By doing so, a change score can be calculated that will indicate how much the participant has changed in knowledge, attitudes, or behaviors from Time 1 (the pretest, or the beginning of the intervention) to Time 2 (the posttest, or the end of the intervention).

Through this type of evaluation, the program facilitators can monitor the progress of the program, the program developers can change or enhance program materials that may not be working as expected, and funding agencies can determine program funding strategies for the future.

Program evaluation also provides the added benefit of enabling the agency to collect data for its own purposes. These data are useful for writing future grants to get money to keep the program running. They are also useful internally to monitor the program's progress and its helpfulness to children and families. We have provided some very simple program evaluation questionnaires here. First, administer the questionnaire as a pretest to the individual participant; then, administer it as a posttest to the same participant. To ensure confidentiality, numbers can be assigned to each participant instead of putting names on the form, and a participant/identification number list can be kept in a locked place so no one will see the results other than the intended agency staff person.

These questionnaires are rudimentary and do not have the standardized data necessary to compare them to other populations across the country. Such standardized assessments, while longer, are preferable and can be obtained by contacting the Center for Substance Abuse Prevention and asking for the set of recommended Core Measures for Prevention Programs.

Finally, we have provided a questionnaire for the facilitator to use so that process data can be collected from the staff as well (on page 4–61). This process data is essential to our understanding of how well the program works overall. If facilitators are not happy with the program, program fidelity will be compromised, and the program may fall by the wayside. In the delivery of a preventive intervention, everyone counts.

Why Evaluate Your Curriculum?

Evaluation can serve many purposes. First, it lets you know if what you taught the children was actually received by them. Second, evaluation lets you know if what you taught the children was useful to them. Knowing whether they intend to use this information in their daily lives is very useful for program planners. Third, evaluation lets you monitor the progress of your program so that you can change it if necessary to make it more relevant to the needs of the participants.

Reasons for Pretest and Posttest

It is important to give the evaluation to the participants both before and after each session. You can measure their changes in knowledge, attitudes, and behavior if you know what they began with at the beginning of the session and what they learned by the end of the session.

Format of the Questions

The questions are not phrased as true/false questions because it would seem like taking a test. Testing situations provoke anxiety for most people, and this evaluation was designed to minimize the sense that participants are being tested. Therefore, questions are phrased in such a way that they merely ask for the participants' opinions. For this reason. all the evaluations for each session are called "What do you think?"

When the Child Does Not Read

An adult may need to review the questions with the child and fill out the form if the child does not have the ability to read.

Session 1: Addiction—Middle and High School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Place a checkmark in the appropriate column.

Yes	*No*	
___	___	*1. Is addiction a disease?*
___	___	*2. Will you have problems with alcohol if you start drinking when you're very young?*
___	___	*3. When someone starts to drink, is it his or her choice?*
___	___	*4. Addiction affects only the person who drinks. It doesn't affect anyone else.*
___	___	*5. Children should be able to solve their parents' problems.*
___	___	*6. Did you learn anything today? If yes, what did you learn?*

_____

Please mark your answer on the scale:

7. How I felt about the session today:

_____

1	*2*	*3*	*4*	*5*
didn't enjoy at all		*in the middle*		*really enjoyed*

8. What I learned today I will

_____

1	*2*	*3*	*4*	*5*
never use		*use sometimes*		*use most of the time*

Session 1: Addiction—Elementary School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Please circle your answer to each question.

1. *Do you think addiction is a disease?* *Yes* *No*

2. *If you started to drink now at your age, would you have problems with alcohol when you grow up?* *Yes, I would.* *No, I wouldn't.*

3. *If your mother or father started to drink, would it be his or her choice?* *Yes, it would.* *No, it wouldn't.*

4. *When a father or mother is addicted, does it affect only them and nobody else?* *Yes, it does.* *No, it doesn't.*

5. *Children should be able to solve their parents' problems.* *Yes, they should.* *No, they shouldn't.*

6. *Did you learn anything today?* *Yes* *No*

   If yes, what did you learn? _____

7. *Did you enjoy the session today?* *Yes* *No*

8. *Do you think you will use what you learned today in your daily life?* *Yes* *No*

Session 2: Feelings—Middle and High School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Place a checkmark in the appropriate column.

Yes	*No*	
___	___	*1. Feelings are mainly good or bad.*
___	___	*2. Expressing uncomfortable feelings is sometimes hard.*
___	___	*3. Addiction is sometimes called a feeling disease.*
___	___	*4. There are about five or six main feelings in life.*
___	___	*5. Recovery from addiction happens very fast.*
___	___	*6. Did you learn anything today? If yes, what did you learn?*

_____

Please mark your answer on the scale:

7. How I felt about the session today:

_____

1	*2*	*3*	*4*	*5*
didn't enjoy at all		*in the middle*		*really enjoyed*

8. What I learned today I will

_____

1	*2*	*3*	*4*	*5*
never use		*use sometimes*		*use most of the time*

Session 2: Feelings—Elementary School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Please circle your answer to each question.

1. *Feelings are mainly good or bad.* *Yes, they are.* *No, they aren't.*

2. *Talking about uncomfortable feelings can sometimes be hard.*
   Yes, it can. *No, it isn't.*

3. *You can sometimes call addiction a "feeling disease."*
   Yes, you can. *No, you can't.*

4. *There are about five or six main feelings in life.* *Yes, there are.* *No, there aren't.*

5. *Recovery from addiction happens very fast.* *Yes, it does.* *No, it doesn't.*

6. *Did you learn anything today?* *Yes* *No*

   If yes, what did you learn? _____

7. *Did you enjoy the session today?* *Yes* *No*

8. *Do you think you will use what you learned today in your daily life?*
   Yes *No*

Session 3: Problem Solving— Middle and High School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Place a checkmark in the appropriate column.

Yes	*No*	
___	___	*1. Living in an addicted family is confusing.*
___	___	*2. Most people don't have problems.*
___	___	*3. Asking for help is a sign of weakness.*
___	___	*4. There is a right way and a wrong way to solve problems.*
___	___	*5. There are very few kids who live in addicted families.*
___	___	*6. Did you learn anything today? If yes, what did you learn?*

_____

Please mark your answer on the scale:

7. How I felt about the session today:

1	*2*	*3*	*4*	*5*
didn't enjoy at all		*in the middle*		*really enjoyed*

8. What I learned today I will

1	*2*	*3*	*4*	*5*
never use		*use sometimes*		*use most of the time*

Session 3: Problem Solving—Elementary School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

1. *Living in a family where parents drink or take drugs is very confusing.*

   Yes, it is. *No, it isn't.*

2. *Most people don't have problems.* *Yes, this is true.* *No, it is not true.*

3. *Asking for help is a sign of weakness.* *Yes, it is.* *No, it isn't.*

4. *There is a right way and a wrong way to solve problems.*

   Yes, there is. *No, there isn't.*

5. *There are very few kids who live in addicted families.*

   Yes, this is true. *No, this isn't true.*

6. *Did you learn anything today?* *Yes* *No*

   If yes, what did you learn? _____

7. *Did you enjoy the session today?* *Yes* *No*

8. *Do you think you will use what you learned today in your daily life?*

   Yes *No*

Session 4: Treatment and Recovery— Middle and High School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Place a checkmark in the appropriate column.

Yes	*No*	
___	___	*1. Recovering from addiction takes a lot of help and a long time.*
___	___	*2. Your parents' problems are not your fault.*
___	___	*3. When someone is in recovery from addiction, he/she never relapses.*
___	___	*4. It's okay to ask for help even if your parent doesn't get help.*
___	___	*5. Most people don't really need to get treatment for addiction.*
___	___	*6. Did you learn anything today? If yes, what did you learn?*

_____

Please mark your answer on the scale:

7. How I felt about the session today:

_____

1	*2*	*3*	*4*	*5*
didn't enjoy at all		*in the middle*		*really enjoyed*

8. What I learned today I will

_____

1	*2*	*3*	*4*	*5*
never use		*use sometimes*		*use most of the time*

Session 4: Treatment and Recovery—Elementary School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Please circle your answer to each question.

1. *Recovering from addiction takes a lot of help and a long time.*

   Yes, it does. *No, it doesn't.*

2. *Your parents' problems are your fault.* *Yes, sometimes they are.* *No, they aren't.*

3. *When people are in recovery from addiction, they never relapse.*

   Yes, sometimes they do. *No, they don't.*

4. *It's okay to ask for help even if your parent doesn't get help.*

   Yes, it is. *No, it isn't.*

5. *Most people don't really need to get treatment for addiction.*

   Yes, this is true. *No, this isn't true.*

6. *Did you learn anything today?* *Yes* *No*

   If yes, what did you learn? _____

7. *Did you enjoy the session today?* *Yes* *No*

8. *Do you think you will use what you learned today in your daily life?*

   Yes *No*

Session 5: Safe People—Middle and High School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Place a checkmark in the appropriate column.

Yes	*No*	
___	___	*1. Most people are either strong or weak.*
___	___	*2. It's okay to ask for help with problems.*
___	___	*3. It's important to identify safe people in your life.*
___	___	*4. You can control your parents' drinking or drug use.*
___	___	*5. You caused most of your parents' drinking or drug use.*
___	___	*6. Did you learn anything today? If yes, what did you learn?*

_____

Please mark your answer on the following scale:

7. How I felt about the session today:

_____

1	*2*	*3*	*4*	*5*
didn't enjoy at all		*in the middle*		*really enjoyed*

8. What I learned today I will

_____

1	*2*	*3*	*4*	*5*
never use		*use sometimes*		*use most of the time*

Session 5: Safe People—Elementary School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Please circle your answer to each question.

1. *Most people are either strong or weak.* *Yes, this is true.* *No, it isn't.*

2. *It's okay to ask for help with problems.* *Yes, it is.* *No, it isn't.*

3. *It's important to identify safe people in your life.* *Yes, it is.* *No, it isn't.*

4. *You can control your parents' drinking or drug use.*
   Yes, I can. *No, I can't.*

5. *You caused most of your parents' drinking or drug use.*
   Yes, I did. *No, I didn't.*

6. *Did you learn anything today?* *Yes* *No*
   If yes, what did you learn? _____

7. *Did you enjoy the session today?* *Yes* *No*

8. *Do you think you will use what you learned today in your daily life?*
   Yes *No*

Session 6: Coping—Middle and High School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Place a checkmark in the appropriate column.

Yes	*No*	
___	___	*1. Staying safe is not a high priority.*
___	___	*2. A person does not have to set boundaries to live a healthy life.*
___	___	*3. A parent's addiction does not affect his/her children.*
___	___	*4. Riding with a drinking driver is safe if you're in the passenger seat.*
___	___	*5. You can't be an alcoholic if you just drink beer.*
___	___	*6. Did you learn anything today? If yes, what did you learn?*

_____

Please mark your answer on the following scale:

7. How I felt about the session today:

_____

1	*2*	*3*	*4*	*5*
didn't enjoy at all		*in the middle*		*really enjoyed*

8. What I learned today I will

_____

1	*2*	*3*	*4*	*5*
never use		*use sometimes*		*use most of the time*

Session 6: Coping—Elementary School

What Do You Think?

Date: _____

Age: _____

Circle one: *male* *female*

Please circle your answer to each question.

1. *Staying safe is important.* *Yes, it is.* *No, it isn't.*

2. *People who want to live a healthy life ask for help.* *Yes, they do.* *No, they don't.*

3. *A parent's addiction does not affect his/her children.*
   Yes, it does. *No, it doesn't.*

4. *Riding with a drinking driver is safe if you're in the passenger seat.*
   Yes, it is. *No, it isn't.*

5. *You can't be alcoholic if you just drink beer.* *Yes, you can.* *No, you can't.*

6. *Did you learn anything today?* *Yes* *No*
   If yes, what did you learn? _____

7. *Did you enjoy the session today?* *Yes* *No*

8. *Do you think you will use what you learned today in your daily life?*
   Yes *No*

Facilitator Evaluation

Date: _____

Please mark your answer on the scale:

1. Did you enjoy delivering this program?

1	2	3	4	5
didn't enjoy at all		*in the middle*		*really enjoyed*

2. Do you think the participants will use the information in this program?

1	2	3	4	5
never use		*use sometimes*		*use most of the time*

Please answer the following questions as noted.

3. Is the information in this program relevant to the children in this center? (Circle one)

Yes *No*

4. Please rank the usefulness of the sessions, with the most useful session being ranked as 1, the second most useful session ranked as 2, etc.

_____ *Addiction*

_____ *Feelings*

_____ *Problem Solving*

_____ *Treatment and Recovery*

_____ *Safe People*

_____ *Coping*

5. Would you change anything? (circle one) *Yes* *No*

If yes, what would you change? _____

Activities

Guidelines for Age-Appropriate Use of Activities

When using the same activities in the curriculum with different age groups, consider these helpful guidelines.

Elementary School Students

- Keep things simple.
- Stay with basic, concrete activities and examples.
- Because these children typically take less time in the discussion phase, plan on doing two activities, plus openings and closings. Remember, some children are very active, especially those with attention deficit disorder or hyperactivity, so you may need to change activities more frequently.

Middle School Students

- Balance the time spent doing activities and processing the information learned during the discussion phase.
- Help them enjoy the activities.
- Balance between concrete and abstract learning experiences.

High School Students

- Allow ample time for the discussion phase as teens need the time to discuss, process, and integrate the material presented.
- Let teens help guide the flow of the group as they often bring problems, issues, and feelings to discuss.
- Encourage them to enjoy the group and have fun with the activities.

Note: *It is not wise or safe to attempt to meet the needs of elementary, middle, and high school students all in one group, considering their varying developmental levels and specific needs.*

Curriculum Activities

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Addiction Game

Treatment and Recovery Session: Elementary, Middle, and High School

This exercise helps young people come to a new understanding of addiction. Using both a visual and kinesthetic format, this activity enables young people to differentiate between the person they love and care about and the disease that consumes and overtakes that person. An extremely powerful exercise, it demonstrates that addiction is not the children's fault and that they are powerless to make it all better.

Description

The facilitator asks for a child to role play the addicted person in this game. The facilitator role plays the disease of addiction. Starting with alcohol and drugs, the disease makes all kinds of promises to the addicted person if only that person would drink or use a little. Addiction makes promises such as "I'll make all your problems go away. I'll get rid of all your uncomfortable feelings. I'll make you more popular, funny, strong, and better looking." The addicted person gradually gives in and begins using the chemicals. At first it appears that the disease really is becoming a good friend to the addicted person.

After a short while the disease sneaks up on the person and quickly grabs him or her by the arms. Despite repeated struggling and pleading, the person is hooked and the disease simply won't let go. A discussion ensues about how the disease is now totally in charge of the person's life. The group talks about how none of the promises ever come true, how the person is trapped, and how problems and uncomfortable feelings accumulate instead of going away. The addicted person shares how he/she feels to be so stuck. Typical responses range from scared and hopeless to angry and totally helpless. Repeat this exercise until all the children have had an opportunity to kinesthetically experience how it feels to be addicted.

An option here is to invite other children to try to free the "stuck family member." Children struggle physically, beg and plead, make empty threats, and try all sorts of means to get the dependent unstuck, all to no avail. Through this added activity, children understand that the addiction is not their fault and they can't make it better. Perhaps for the first time they can separate the person they love from the disease they've come to despise and hate.

Materials Needed

- None

Addiction Illustrated

Addiction Session: Middle School

This exercise helps young people to deepen their knowledge and understanding of the disease of addiction. Working in small groups to complete this task, the youth not only learn from one another in a cooperative fashion but also further develop their socialization skills in the process. They learn that it is okay to talk about family addiction with people who understand. They learn that all their feelings are okay and that they can help to take good care of themselves by sharing problems with people they trust.

Description

The facilitator puts the young people in groups of three or more. Giving each group the Addiction worksheet, a pencil, and nontoxic markers, the facilitator challenges the youth to remember all they've learned about addiction and to use it in this activity. The facilitator then writes the word *addiction* vertically on a chalkboard/flipchart, letter by letter. The young people are instructed to do the same on their group worksheets.

The facilitator then asks each group to brainstorm describing this disease using a word or group of words starting with each letter in *addiction*. For example, the *A* could stand for "*a*lways thinking about the disease," one *D* could stand for "*d*enial," and so on. By working in small groups, young people can learn from one another. The facilitator circulates around the room and offers support, suggestions, and encouragement.

When finished, each group may share its creation with the larger group. With the participants' permission, tape their creations to the walls for future reference or bring them back to use with the review of addiction at the start of the next session. These posters can serve as powerful visual reminders that addiction is not the children's fault and that they can't make it better.

Materials Needed

- Copies of worksheet (on next page)
- Paper
- Pencils
- Nontoxic markers
- Chalkboard/flipchart

The Addiction Worksheet

A

D

D

I

C

T

I

O

N

Anger Intensity

Problem Solving Session: High School

Helps young people to identify situations that stimulate angry feelings and healthy ways to deal with them.

Description

Anger is a very natural and normal feeling. People experience anger frequently during any given day. This may include feeling annoyed when your little brother messes with your prized possessions, irritated when a friend tells others something you told him in confidence, or really, really mad when you realize how much addiction has hurt you and your family. It's okay to feel angry; it's what you do with it that matters the most.

There are both helpful and hurtful ways to express anger. Let's start with the harmful because it's the most obvious. There are three harmful ways to express anger (list on chalkboard/flipchart):

1. Hurt others.
2. Hurt yourself.
3. Destroy property.

- We can hurt others by hitting, kicking, and making fun of them. Often it's the mean words we say that bother people the most.
- We can hurt ourselves by put-downs and not treating ourselves well.
- It's just not okay to destroy or deface property.

You are probably asking yourself "So what can I do when I get angry?" There are three important guidelines to remember when sharing anger (list on chalkboard/flipchart):

1. Respect others.
2. Respect yourself.
3. Respect property.

- You can tell someone you are angry without hurting them or others. It's often a good idea to take a time-out to calm down. You may settle down and then speak to them without yelling or name-calling. It often helps to share your feelings with one or two other people first. It may be scary to tell a parent, teacher, or counselor you are angry. You could write the person a note about your feelings and discuss it at a later time.
- People often get mad at themselves when they make mistakes or hurt others. Please be gentle with yourself. You can learn and grow from your mistakes.
- Even though you might get so mad that you really want to, it's never a good choice to destroy property in any way.

Use the "Anger Intensity" exercise on the following page to help you identify situations that can make you angry and to think about helpful ways to deal with angry feelings.

Materials Needed

- Anger Intensity worksheet (on next page)
- Pencils
- Chalkboard/Flipchart

Anger Intensity

Identify situations, in the course of the day or week, where you distinguish the different intensities of your anger.

Use one of these key words to describe your anger:

1. Annoyed	**4. Disgusted**	**7. Angry**
2. Irritated	**5. Aggravated**	**8. Furious**
3. Frustrated	**6. Mad**	**9. Enraged**

Situation or event	*Degree of anger*	*Healthy ways to deal with this*
Example:		
My mom got drunk and embarrassed me.	*Disgusted*	

Bag o' Feelings

Feelings Session: High School

Helps young people to develop the skills of expressing and taking responsibility for their feelings. It stresses that everyone has many different feelings every day and that all feelings are okay.

Description

With the group sitting on the floor in a circle, the facilitator puts a brown paper bag in the middle. Before the group session the facilitator filled the bag with an assortment of index cards, each with a feeling and a face depicting that particular feeling (see Feelings List for suggestions). Facilitators can use the sample list provided and add any feelings they think appropriate for their group. Draw a feeling face on each card next to the feeling so that the young people who have trouble reading can still benefit from this experience. The facilitator explains that every day people have lots of different feelings and that the key is learning how to deal with them in healthy ways.

The facilitator shakes the bag, picks an index card, identifies the feeling, and shares a time he/she has felt that way. Other group members can then describe a time when they had that same feeling. After everyone has shared, the next person shakes the bag, pulls a card, and shares an occasion when he or she experienced that feeling. The game continues around the circle and everyone has an opportunity to participate. A discussion follows about the importance of sharing feelings with people you trust.

If time allows, do two or three revolutions around the group to give participants the opportunity to share a variety of feelings. Remember to stress that all feelings are okay and that talking about them with safe people is an important way for young people to take care of themselves.

Materials Needed

- Brown paper bag
- Index cards, each with a feeling and a corresponding feeling face
- Feelings List (on next page)

Feelings List

Afraid
Angry
Anxious
Bored
Brave
Calm
Caring
Confused
Curious
Different
Dumb
Disappointed
Excited
Embarrassed
Exhausted
Funny
Frightened
Guilty
Glad
Happy
Hopeless
Hurt
Ignored
Important
Joy
Jealous
Jumpy
Kind
Lonely
Loved
Mad
Mean
Mixed Up
Nice
Nerdy
Overwhelmed
Outrageous
Playful
Proud
Quiet
Queasy
Resentful
Restless
Sad
Scared
Shame
Surprised
Tired
Terrible
Unloved
Uncomfortable
Vicious
Violent
Warm
Worried
Yucky
Zany

Basic Steps in Problem Solving and Decision Making

Problem Solving Session: High School

Helps young people learn the basic steps in problem solving and decision making.

Description

The facilitator explains to the group that when people are faced with a problem, they often become confused. If a person accepts this state of confusion and wanders around thinking about the problem, the confusion increases and the person falls back on old ways of solving problems. Ask group members for examples of how people sometimes repeat behaviors unless they stop and look at the problems they are facing. The facilitator explains that there are some key steps young people can use to solve problems without falling back into old behaviors.

The first step is to recognize and accept the need for change. Sometimes this does not come easily. Teens who are doing poorly may believe that that's the way children from their family perform; it has always been that way and always will be that way. They may believe there is no need to change. Addicted people may believe this too. They may think that their lives are going fine, or they may know that their lives are terrible but think that that's the way it was for their parents and it will always be that way for them. However, with some information and a dose of reality from our friends, we usually do see and accept the need for change.

The second step is to determine what can be changed. Sometimes people have difficulty solving problems because they think of only one or two distasteful solutions. Usually this involves a "win/lose" situation in which somebody must lose for someone else to win. Those who can think of entirely new alternatives do best in problem solving. Brainstorming can help us come up with new solutions to old problems. Here are some things to consider that may help you come up with a new solution:

People	Think of some person who could help you solve the problem.
Models for Change	Think of anyone you know who has faced similar situations and how that person dealt with this type of problem.
Organizations	Think of what organizations could help solve the problem.
Programs	Think of what special programs, whether they are within an organization (such as Alcoholics Anonymous or Alateen) or not, could help solve the problem.

The third step is to narrow down your options and the fourth step is to consider the consequences of each of the remaining options. The fifth and final step is to state the actual goal you would like to attain. Then, list the steps you must take to achieve the goal: daily, weekly, monthly, and/or long-term. It is important to state some observable, time-limited criteria for taking each step.

Materials Needed

- Copies of Basic Steps in Problem Solving and Decision Making worksheet (on next page)
- Pencils

Basic Steps in Problem Solving and Decision Making Worksheet

1. Recognize and accept the need for change.

2. Determine what can be changed.

3. Narrow your options.

4. Consider the consequences of the remaining options.

5. State the actual goal you would like to attain and when you hope to attain it.

   Goal:

   When:

Bicycle

Addiction Session: Elementary School

This simulation activity represents what it is like to be addicted and/or live in a family with addiction.

Description

The facilitator begins the activity by telling the children that they are going to take a ride on an octocycle (assuming there are eight children and eight chairs). Each child represents a family member, with the alcoholic/addict steering at the front. An invisible bar connects each seat to emphasize the rigidity and enmeshment of the disease. Children sit in their chairs and make the circular motion of bicycle pedals with their arms and hands. By reading a story (see Bicycle Ride Narrative), the facilitator takes the children for a ride. An initially peaceful, joyful journey gradually turns into a rainstorm on a steep downhill grade. Suddenly, no brakes! Crash! After the crash, the facilitator asks the children questions about the experience.

The exercise provides children with a hands-on experiential process that not only captures their imaginations but also focuses on the reality of the disease of addiction. Children see and feel how the bicycle ride symbolizes addiction and a loss of control. They gain a fundamental understanding of this family disease and have fun while doing so. The exercise also helps children bring the disease to conscious reality by talking about their feelings. Children learn that, even if they must go on the addiction ride, they can get help and make choices to stay safe.

Materials Needed

- Bicycle Ride Narrative and Questions (on next page)
- Chairs

Bicycle Ride Narrative and Questions

"Okay, everybody in position.

"We are going for a nice ride through the country. It's a beautiful day. The sun is shining and the grass is green. There's no wind, just a gentle, warm breeze. We are pedaling slowly, breathing evenly, enjoying the scenery, and chatting and laughing with one another. We put on the brakes slowly as a dog wags his way across our path.

"As we gather speed, a few dark clouds begin to appear over the horizon, the breeze becomes a little stiffer, and the smooth pavement turns into a dirt road. We begin to pedal a little harder and grab the handlebars a little tighter. The clouds are becoming darker and some light rain begins to fall. The dirt road is getting slippery and bumpy. We keep putting on the brakes but continue moving. We have to lean forward and pedal harder to go up a hill. Our legs and stomachs are sore, and our hands grab the handlebars even tighter. The rain is coming down faster and at times the bike almost tips over.

"We reach the top of the hill exhausted, but it is raining so hard we have to keep moving. We start pedaling faster as we go down the other side of the hill. The rain is slapping harder onto our faces. The bike is sliding back and forth across the road. Loud sounds of thunder can be heard. Lightning strikes a tree near us. We are pedaling faster and faster, and holding on tighter and tighter. Our feet keep slipping and we try the brakes. The brakes don't hold; they no longer work. We're losing control. The pedals are spinning at full speed. The road is much steeper and bumpier as we go even faster, trying the brakes (still no brakes) and holding on for dear life. CRASH, the bike tips over!"

Questions

1. What was the ride like for you?
2. How was this ride like alcoholism/addiction?
3. How was this ride like what you experience in your own home?
4. Was everyone affected?
5. When you fell down, whom did you have to help first?
6. What would you do if the addicted person wanted to get back on the bike and continue down the hill?
7. Whose fault is it?
8. Where can you go to get help?

Bubblegum Family

Addiction Session: Middle and High School

In a simple yet powerful way, this activity helps young people understand what happens to everyone in a family with addiction.

Feelings Session: Middle School

Allows children to process feelings and discuss how this exercise is similar to their own family experiences.

Description

The facilitator explains that the group is going to do an activity called the Bubblegum Family and begins a discussion with the children about the fact that almost everyone has had some experience chewing bubblegum. Ask the children, "What's your favorite brand?" Remind the children how sticky gum becomes if they take it out of their mouth after about 30 seconds or a few quick chews. Yuck! Have they ever had the pleasure of getting a great wad stuck on the bottom of their shoe? Explain to the children that in this game everyone imagines that there are 9,997 pieces of slightly chewed bubblegum in a circle on the floor. The group can pretend that they have stayed up the past 24 hours and chewed piece after piece of bubblegum for about 30 seconds each.

Children volunteer to role-play an addicted parent, the spouse, and several children. Give children the opportunity to role-play various family members so they can see how everyone becomes stuck in the same way. Remember to transform the children into specific characters (roles) for the activity, and to transform them back to their original selves after the activity. Using a narrative, the facilitator orchestrates a scenario in which everyone in the family gets stuck in the addiction (bubblegum).

First, the addicted parent gets stuck by using alcohol or drugs. Then the spouse and children get stuck in their attempts to help the addicted parent. Once stuck in the gum, everyone has a hard time moving around. They lose their choices in what they think and do. Only by taking good care of themselves first can family members get unstuck. Different strategies for taking good care of self and the progression of the disease are stressed.

Materials Needed

- ☐ Bubblegum Family Narrative (on next page)

Bubblegum Family Narrative

Here we have a family. Miss, please come up. I want you to meet Tammy. She is 35 years old, a mother of three, a wonderful mom. She has a full-time job and is just an incredible lady. Ever since she's been a young adult, Tammy has been going out each weekend and drinking with her friends, but it doesn't seem to be a problem. All of a sudden as Tammy is going through life, she steps right in the bubblegum. All of a sudden she's stuck. Try to move, Tammy.

"Well, I'm trying, but I can't really move too much."

That's right, you can't move too much. That's addiction. People get stuck. Watch Tammy. She can sway from side to side. She really thinks she's not stuck, that she can get out of that quickly, but she can't.

What happens as time goes on is that Tammy becomes more and more preoccupied with the gum while she's stuck in it. She can't do as good a job at work. She's out sick a lot. She can't be as productive because she's preoccupied with the gum. It's really starting to slow her down. She doesn't have freedom of choice anymore. When it comes to her kids, she can't take care of them like she used to. She's trapped in that gum. She's stuck! She's not spending as much time with her kids. She prepares dinner and just goes off on her own.

Tammy has a husband named Fred. Young man, please come up. Fred loves his wife very much. Fred's been very concerned about Tammy. Haven't you, Fred?

"Why, yes."

Fred has been concerned because he notices his wife is stuck in the gum. She's on probation at work because she has been absent so many days. Her last review wasn't very good. Fred has noticed over the past few months that he has had to take on more and more of the responsibilities at home. He's starting to prepare dinner. Fred is also spending time helping the kids with their homework and their projects on the weekends. He's very concerned about his wife. He doesn't get to spend much time with her alone because she seems preoccupied and distant. She's just stuck in that gum. Because Fred cares about and loves his wife, what do you suppose he tries to do? He tries to free his wife from the bubblegum. So go ahead, Fred, go try to help your wife.

As Fred tries to help his wife, all of a sudden he gets stuck in the bubblegum. Now Fred is stuck. Try to move around, Fred. Notice he thinks he can move around and he thinks he's free, but he's really stuck. Remember that addiction is a progressive disease. When Tammy first got stuck, the gum only went up to her calf. Now when Fred is stuck in it with her, it comes all the way up to just above her knees! So how does this affect Fred? He's preoccupied at work. He's thinking about having to come home and prepare meals. He wonders if she's going to be drunk or sober. Will she embarrass him at the family dinner next week? He can't be as productive at work. He thinks more and more about her. He's not available to his kids on a consistent basis anymore. He's not always helping them with their homework. Fred is even beginning to drink with her sometimes. So all of a sudden he's stuck too.

We then have the oldest child, Jimmy. Young man, please come up. Jimmy's very concerned because not only is Mom stuck, but Dad is too. Neither one is there for him on a consistent basis. Out of love and concern, he

tries to help them get unstuck. As Jimmy goes and tries to get his parents unstuck, look at what happens. In an attempt to help, he gets stuck in the gum too. How does this affect Jimmy? His life isn't as free.

How does this happen? Jimmy has a hard time concentrating in school. He thinks about having to go home to take care of a younger brother and sister. He's thinking about whether or not he should bring friends home. He might get embarrassed about what's happening at home. He's really concerned. Jimmy doesn't have very many opportunities to play anymore because he's taking care of his younger brother and sister. When he does have a chance to play, he's often worried about Mom and Dad. He might be yelled at for something he didn't do.

As younger brother and sister attempt to help Mom, Dad, and older brother get unstuck from the bubblegum, they will get stuck too. Young man and miss, please come up. The entire family gets stuck. That's the Bubblegum Family. Why do the kids get stuck? This is really important to know. Why do kids get stuck in the bubblegum? They get stuck because they try to help their parents first. So if the reason why kids get stuck is because they try to help, how do kids get unstuck? Kids get unstuck when they stop trying to take care of other people in their family, like Mom, Dad, brothers, or sisters. They can begin by trying to take good care of themselves. That's how kids get unstuck from the bubblegum.

What does it mean to take care of yourself? What different ways can children take good care of themselves? Go out and play. Talk to a teacher. Ask a counselor for help. Go to a neighbor's house. Call Grandma if there's a mess at the house and you don't want to be there. These are some of the different ways children can help to take care of themselves.

Notice how everyone attempted to help Mom. They were all around her. Everyone got stuck in the bubblegum. Even if Mom wanted to get unstuck, she couldn't! There's no room for her to get out. The family has blocked her path to recovery. Children need to help themselves.

We have to remember that recovery takes time. There might be a time when Jimmy gets unstuck and starts to take good care of himself, but two weeks from now there will be a big dinner at the house with Dad's family. Mom is still stuck in the bubblegum, so Jimmy might have to do all the preparations. Recovery is a process. We take two steps forward, and because we're human, sometimes we take a step backward. So we get stuck and unstuck. We get stuck and unstuck.

That's the Bubblegum Family.

Comfortable/Uncomfortable Feelings

Feelings Session: High School

This activity helps teens to know that all feelings are okay and that it's what they do with their feelings that counts.

Description

The facilitator explains that individuals experience a wide range of feelings on a daily basis. All feelings are okay; there are no such things as good or bad feelings. Some feelings are much more comfortable to have than other feelings. Living in an addicted family, teens often experience lots of uncomfortable feelings.

Ask the group members to think about which feelings are comfortable and uncomfortable for them. Give each member a pencil and copy of the worksheet. Have each member place the feelings on the following list (add any others that are appropriate for the group) in the comfortable and uncomfortable categories on the worksheet.

anger
calmness
confusion
embarrassment
excitement
gratitude
guilt
happiness
hurt
joy
loneliness
sadness
serenity
shame
surprise

Have a discussion about these feelings by having each person share his/her responses with the group. Then ask these questions:

How do you handle the comfortable feelings?

How do you handle the uncomfortable feelings?

Materials Needed

- Copies of Feelings worksheet (on next page)
- Pencils

Feelings Worksheet

Comfortable Feelings	Uncomfortable Feelings

Dealing With Anger

Problem Solving Session: Elementary School

This exercise introduces the discussion of anger and ways for children to deal with it.

Description

Read or summarize the following points:

- Anger is a very natural and normal feeling.
- Children feel different kinds of anger frequently during a regular day. They may feel upset when a little brother or sister messes with a prized possession, or mad when a friend tells others something said in confidence, or really, really mad when they realize how much addiction has hurt them and their family.
- It's okay to feel angry; however, how you handle it is very important.
- There are healthy ways to deal with anger.
- There are three important guidelines to remember when sharing anger:
  1. Respect others.
  2. Respect yourself.
  3. Respect property.

List the above three guidelines on the board or flip chart as you discuss them. Duplicate and distribute the exercise on Anger on the following page to upper elementary children. For younger children, you may want to work from the flip chart or help the children by filling the form out with them.

Materials Needed

- Chalkboard/flipchart
- Pencils
- Dealing with Anger worksheet (on next page)

Dealing With Anger

It is okay to feel angry. How you handle it is very important. Fill out this sheet. We will then talk about it as a group.

Healthy ways to deal with anger

I feel angry when _____

_____ _____

I feel angry when _____

_____ _____

I feel angry when _____

_____ _____

I feel angry when _____

_____ _____

Addiction Session: Elementary School

This exercise helps children understand that all drugs change how the body works and that some drugs are healing and some drugs are addictive.

Description

Explain to young people that a drug is something we put into our body that changes how our body works. Aspirin, penicillin, alcohol, and marijuana are names of some drugs. All drugs affect our body in some way. Some drugs affect how we think. Some drugs, like penicillin, affect how our body heals itself. Other drugs affect our moods (feelings). Drugs that affect our feelings are called mood-changing drugs. Alcohol and marijuana are drugs that change our moods. The names of some drugs are listed below.

Write the following list of drugs on a flipchart or chalkboard. Have the children choose the drugs that can change a person's moods.

aspirin
nicotine
marijuana
penicillin
heroin
librium
valium
alcohol

Then ask them to answer the following questions:

1. A mood-changing drug found in beer, wine, and liquors (like whiskey, scotch, bourbon, and vodka) is called _____.
2. "Pot" is a nickname for the mood-changing drug _____.
3. Some pills that change people's moods are _____

and

_____

_____.

Drinking alcohol or using other mood-changing drugs changes how people act. Have the children think of a time they saw someone drunk or high.

Have children choose words from the list below that describe how that person acted (you can add your own words to the list):

Fell asleep

Got mad

Yelled

Got clumsy

Acted scary

Said something stupid

Did something crazy

_____

_____

Sometimes people are not careful when they are drinking or using drugs. Joe's father drank one beer after another, until he drank too much and drove the car into a tree. Peter's mom drank too much and did silly things that embarrassed Peter in front of his friends. Susan's mother took lots of pills. The pills made her forget about the time. She forgot to fix dinner.

People who use too much of a mood-changing drug—such as alcohol or marijuana—become "drunk" or "high." They cannot think clearly. They forget things. Their bodies do not work as well. They do clumsy or silly things. Sometimes they say crazy things or see things that aren't really there. People who are drunk or high can lose control of their thoughts, their feelings, and their actions. Being around someone who is drunk or high can feel scary.

Have the children think of a time they were around someone who was drunk or high and they felt embarrassed or afraid. Ask them to share about this time with the group:

When he/she was drunk, he/she

_____

_____

and I felt

_____

_____.

People who drink or use other mood-changing drugs, even though it keeps causing problems with family, work, or health, are sick. They have a disease called "alcoholism" or "drug addiction." The sickness is the same whether a person uses alcohol or drugs.

People who keep drinking (or using drugs) even when it keeps causing problems usually are addicted. Addicted means stuck. They are stuck needing to drink and use drugs, just like you need to scratch when you itch. People who are addicted to alcohol or drugs need help to quit drinking or using drugs. They cannot do it on their own. They are sick. We say people with this sickness are "addicted."

Some people believe that all alcoholics or drug-addicted people are grungy, dirty men who lie in gutters with wine bottles at their sides. But most alcoholics are just regular people. What do you think an alcohol- or drug-addicted person looks like?

Alcohol- or drug-addicted persons can be men or women, boys or girls, rich or poor, tall or short, fat or thin. Addicted people work as doctors, dentists, construction workers, teachers, mechanics, and grocery store clerks, and in many other kinds of jobs.

Every alcoholic or drug-addicted person is somebody's mother, father, sister, brother, or friend.

Do you think somebody in your family might have this sickness of addiction?

_____

What makes you think that? _____

_____

Materials Needed

- Pencils
- Flipchart or chalkboard

Family Self-Care Map

Treatment and Recovery Session: Elementary School

This activity helps children understand what they can do to take care of themselves and what their family members can do to take care of themselves. In other words, they need to understand the difference between the adult's recovery jobs and their recovery jobs.

Description

The facilitator explains to the children that recovery from addiction takes work. The addicted person in treatment needs to do certain things to stay well. The other adults in the family also have to take care of themselves. The children do not have to take care of the adults; their only jobs are self-care, having fun, and being kids.

The facilitator explains the many resources for children and adults to take care of themselves such as the 12-step programs of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon, and Alateen. Many people need additional counseling, treatment, and continuing care. Explain to the children the concepts of anonymity at meetings, using first names only, and 12-step service work. Explain that when parents go to meetings, it does not mean the children are not important; the parents need to do this for their own recovery. Children need to remember to reach out to other safe people when parents are busy with recovery work. Be prepared to answer questions the children may have about these concepts and resources, such as "Why do people in recovery have to keep doing these things after treatment?" and "When do they get better?"

The facilitator writes on the chalkboard/flipchart the areas to be covered in the activity: Body, Mind, Spirit, Feelings, and Being a Kid. If the group has done this activity under the Jeopardy Self-Care Game, they can just review the areas. If the group has not done the activity before, have the children brainstorm things they can do in these areas for self-care.

The facilitator can then give out copies of the Family Self-Care Map worksheet. Have the children list things the adults can do for themselves under the adult section. Then, have the children list things they can do for themselves under the child section. Make sure children understand how their jobs are different from the adult jobs.

Materials Needed

- Copies of Family Self-Care Map worksheet (on next page)
- Pencils
- Nontoxic markers
- Chalkboard/flipchart

Family Self-Care Map

Child

Body

Feelings

The kid's job
is to do self-care
and have fun!

Mind

Spirit

Kid

Adults

The adult's job is
to do treatment and
recovery (T & R)

Feelin' and Healin' Game

Feelings Session: High School

This activity introduces young people to the concept of helpful and harmful ways to express feelings. It encourages them to develop positive ways to share their feelings on a daily basis.

Description

The facilitator introduces the group to the concept of helpful and harmful ways to share feelings. This notion gets beyond the "all feelings are okay" construct to guide teens with specific strategies to share their feelings in healthy ways. While this exercise can work well with any feeling, it is particularly effective with the emotion of anger.

Using a mini-lecture format, the facilitator teaches the group about the three harmful ways to express anger. Even though anger is a normal feeling these young people experience on a regular basis, it is not okay to express it by

- Hurting other people
- Hurting themselves
- Destroying property

The facilitator engages the group to brainstorm examples of each harmful category. Teens might come up with "saying mean words to others" as an example of hurting others, "putting themselves down" as a way to hurt themselves, and "graffiti" as a means of destroying property. The facilitator lists these on the chalkboard/flipchart and a rich discussion ensues.

The facilitator then introduces the group to the helpful ways to express anger:

- Respect others
- Respect themselves
- Respect property

The group discusses how it's okay to express anger to safe people by just telling them or writing them a note. It isn't necessary to yell, threaten, or hit the person to share anger. The discussion continues as the group brainstorms helpful ways to express anger. Reinforce to the young people that it's okay for them to get angry as many of them have lots of things to be angry about. What's essential is to learn safe ways for them to express it.

Introduce young people to the idea of taking a timeout when they get really angry. Doing so will help prevent them from doing or saying something that can be very harmful and potentially dangerous.

Materials Needed

- Chalkboard/flipchart
- Nontoxic markers

Feelings Box

Feelings Session: Elementary and Middle School

This activity helps children to recognize and accept their feelings and to use positive/safe ways to handle their feelings.

Description

The facilitator places a number of cards in a box with statements such as "I feel angry when...." (See list of phrases on next page.) Each child draws a card and supplies the answer to the question. Give children the option to pass on the first card and select another one. Explain that feelings may come out as headaches, stomachaches, or just being "upset" rather than a "real" feeling. Sometimes people try to ignore their feelings, but our bodies give us signals or clues to our feelings through such things as stomachaches, headaches, and sleeping problems. Sometimes our feelings get locked into our bodies and can't get out easily. We feel a tightness in our stomach when we are nervous or jittery. Sometimes we have a tightness in our chest and we have difficulty breathing. We cannot sleep at night when we are worried, and sometimes we do not want to eat when we have upset feelings.

Facilitator reviews the following "rules" for handling feelings: We should not

1. Hurt ourselves. Sometimes people start taking drugs to feel happy or solve problems if they are sad. That doesn't work for long, and it becomes hard for them to feel okay when they are not taking drugs.
2. Hurt anyone else. When we're angry with someone, hitting is not okay, but telling someone we feel that way may be okay.
3. Destroy property. It is not okay to break something.

After we recognize our feelings, we can learn to accept them, which means to admit to ourselves that we are feeling something. We may learn that we can change our feelings by doing something, maybe talking about them with someone who cares, or by doing something we enjoy such as biking or playing. For example, if we wake up in the morning and it is raining, and we planned to play outside, we may feel sad. We can learn that we can change our feelings perhaps by inviting a friend over. We don't have to feel sad all day. Addiction is called the "feelings disease" because people sometimes start drinking or using drugs to change the way they feel or to relieve uncomfortable feelings and make them go away for a little while.

Conclude with "all feelings are okay." Feelings are signals to us that we are having a reaction to something. What is important is that we remember to handle our feelings in safe ways, which means that we

- Do not hurt ourselves
- Do not hurt someone else
- Do not break anything

Materials Needed

- Feelings Box with phrase cards inside (on next page)

Feelings Box

Phrases

Write these phrases on index cards and place them in the Feelings Box.

I feel angry when....

I feel happy when....

The most embarrassing thing that has happened to me was....

The feeling we don't talk about in my family is...

The feeling most difficult for me to talk about is...

I felt sad when...

I was excited when...

I felt silly when...

I was proud when...

It hurts my feelings when...

I was really upset when...

I was glad when...

I was so scared when...

I feel mad when...

I feel calm when...

I get frustrated when...

My happiest family memory is...

I feel angry at my sister/brother when...

I feel confused when...

I felt discouraged when...

Feelings Face Case

Feelings Session: Middle School

This activity introduces young people to a wide variety of feelings and reinforces the concept that all feelings are okay.

Description

The facilitator reminds the children that people can have many different emotions on a daily basis. Children will be given a chance to share from their own experiences as they write captions for each of the faces.

After a brief discussion on feelings, the facilitator passes out the Feelings Face Case worksheets to each group member. Instructed to write a caption for each facial expression, children discern the feeling each face represents and then write an appropriate caption. They can work in pairs if desired. (This option can help facilitate the socialization process for them.) The facilitator, offering any assistance the children may need to complete this activity, moves about the group and checks in with each child. The facilitator should remind the children that it's okay to ask for help with this exercise and that he/she is available for that purpose.

After everyone has finished writing, the children have the option of sharing a caption they wrote for any facial expression. A discussion follows in which group members relate an occasion when they have had a similar expression, describing the circumstances and the feelings that accompanied that expression. The activity is concluded by talking about the freedom that comes from letting go of feelings by sharing them with safe people.

Materials Needed

- Copies of Feelings Face Case worksheet (on next page)
- Pencils

Feelings Face Case Worksheet

What feelings do you suppose each person is experiencing? Why do you suppose they are having those feelings?

Feeling: _____

_____

_____

_____

Feeling: _____

_____

_____

_____

Feeling: _____

_____

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Feeling: _____

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Feeling: _____

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Feeling: _____

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Feelings Tagalong

Feelings Session: Elementary School

This activity helps children to identify feelings and share them.

Description

The facilitator chooses a child to be the STAR. Identify five children who will play feelings. Ask the STAR what feelings he/she has had today. (Prompt, if necessary: happy, sad, angry, excited, etc.) Assign each of the five children one of the feelings. Have all of the "feelings" hook arms, with the STAR in the middle. Then say to the STAR, "Take a walk...."

Tell the "feelings" to apply some resistance (e.g., hold firmly in place). Ask the STAR, "How does that feel?" Ask the STAR if he/she would like the walk to be easier. If yes, then tell him/her to share a specific feeling and then the "feeling" will let go. If children are comfortable, they may share why they are feeling a particular feeling. After the child releases a feeling, again tell him/her to walk. Tell the child that he/she may share as many feelings as he/she likes. Repeat until the child has shared as many feelings as he/she desires.

Repeat this activity as time allows so that other children have a chance to be the STAR.

Materials Needed

- None

Feelings Wheel

Feelings Session: Elementary and Middle School

Promotes the expression of emotions and helps young people to communicate in new and exciting ways.

Description

The facilitator has the children sit in a circle on the floor with the Feelings Wheel Spinner in the middle. Using the template provided, cut the wheel out of cardboard and attach the spinner in the middle with a metal fastener. The wheel is divided into eight spaces, each with a different feeling. Four of the feelings are comfortable ones and four are uncomfortable ones. Explain to the children that with a spin of the wheel, they will find themselves in the land of feelings. The facilitator should also participate in this activity to point out its value and importance for the group.

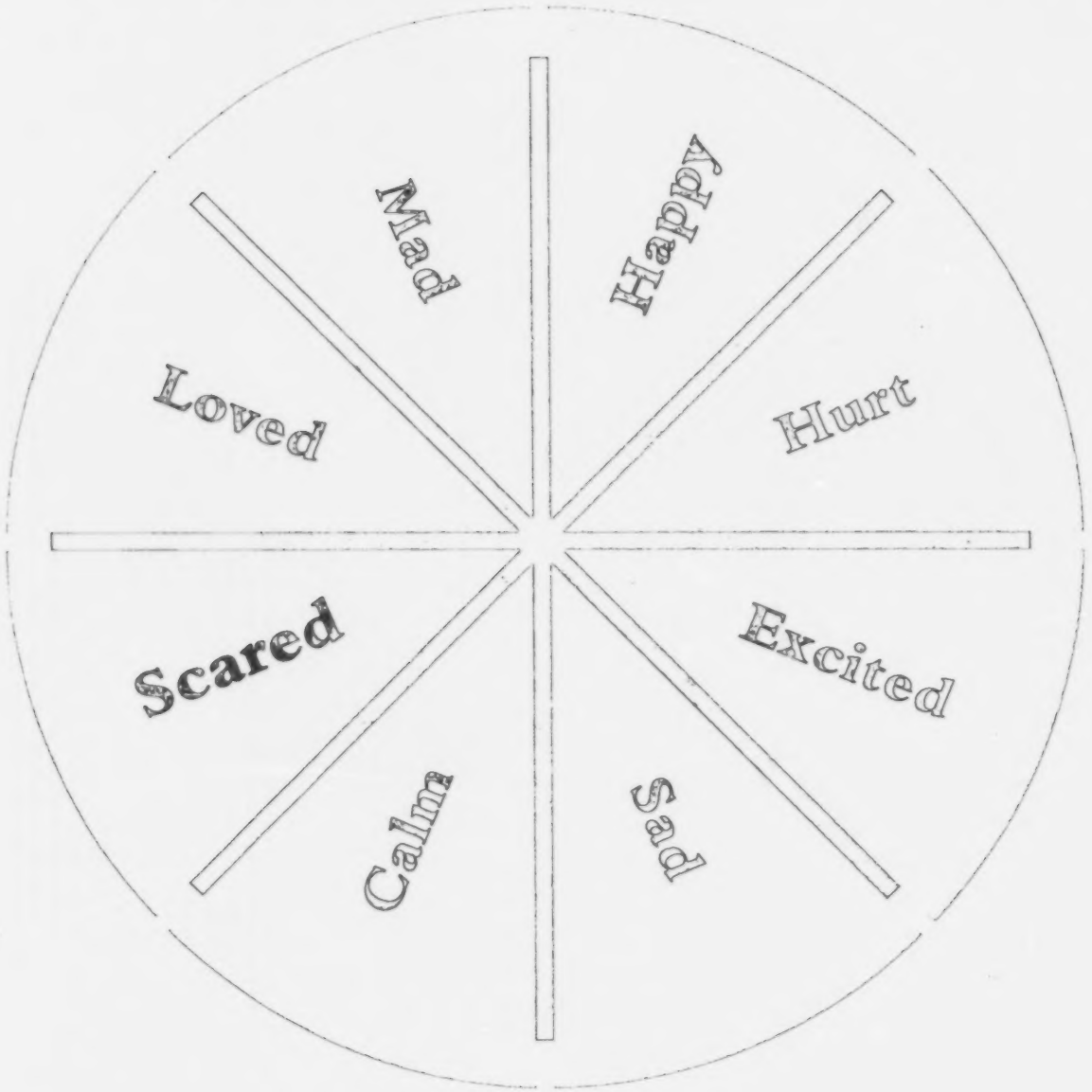
One by one the children spin the wheel and then share a time they experienced the feeling on which the spinner stops. After a child shares a particular feeling, others may also tell about a time that they felt the same way. After two or three rounds the facilitator begins a discussion about how people experience many different feelings each day and how we often feel better when we share our feelings with others.

This activity not only validates young people's feelings but also helps them to realize they are not alone. Along the way comes the realization that feelings are okay and that sharing them with safe people is healthy.

Materials

- Feelings Wheel spinner divided into eight feelings (on next page)
- Metal fasteners

Feelings Wheel



Fill in Your Feelings

Feelings Session: High School

This activity helps young people identify people, things, and situations that affect their feelings.

Description

The facilitator gives each participant a copy of the worksheet and explains that this exercise can help teens identify those people and situations that tend to affect their feelings the most. It can reveal much about their feelings as well as information about their relationships. Tell the participants to take a few minutes to fill out the worksheet.

After participants have completed the worksheet, the group can discuss responses, one item at a time. The facilitator asks if people in the group want to share what they wrote down but should not demand more self-revelation than participants are comfortable giving. Other participants can then share their responses, noting if they are similar to or different from the others.

The facilitator should explain to the young people what it means to "stuff" feelings and not deal with them. Explain that it is like carrying around a bag of rocks. The young people can share feelings they stuff and discuss them in the group. All are amazed at how sharing feelings, especially ones they usually stuff, makes them feel better.

Materials Needed

- Copies of Fill in Your Feelings worksheet
- Pencils

Fill in Your Feelings Worksheet

1. I feel good when

_____

_____

2. I am angriest when

_____

_____

3. In school I am happiest when

_____

_____

4. In school I get angry when

_____

_____

5. In school I get sad when

_____

_____

6. Some of the feelings I "stuff" are

_____

_____

7. At home I am happiest when

_____

_____

8. At home I am saddest when

_____

_____

9. I feel happy with friends when

_____

_____

10. I am sad when my friends

_____

_____

Guess My Feeling Game

Feelings Session: Elementary School

This activity assists children in identifying and expressing their feelings while at the same time developing congruency between their inner feelings and outer appearances.

Description

The facilitator begins the game by asking a volunteer to come forward and whisper a feeling in the facilitator's ear. The child then turns his/her back to the group. The facilitator directs the group to chant the magic chorus, "Turn, turn, turn in place, with a feeling on your face." As the group chants, the child slowly turns around and silently shows the feeling. After the other children correctly identify the expression, the child shares a time he/she experienced that particular feeling. The facilitator helps children use "I" statements in sharing feelings (see Phrases for the Feelings Box, 4–95).

This game works best when enough time is allotted to give each group member at least two chances to show a feeling to be guessed. The facilitator follows up this exercise with a brief discussion about how we all have many similar feelings every day and that it's okay to talk about them with people we trust.

An option here is to have children look in a mirror after they put their feeling faces on. This is a powerful way for them to develop congruency on the outside for the feelings they experience on the inside. Assist shy children in doing this exercise by offering to do it with them. After they've tried it once, they are usually ready to go solo the next time. Sometimes it's necessary to give a child some assistance, not only in picking a feeling but also in creating the facial expression that can go along with it.

Materials Needed

- None

Problem Solving Session: Elementary and Middle School

This activity helps children identify how feelings are associated with decisions they make and how they can make decisions to take good care of themselves.

Description

The facilitator writes each step of the decision-making formula on a large writing surface (posterboard for a reusable lesson aid or a chalkboard/flipchart for a temporary aid). Explain the directions to the children:

Today we will learn to use a decision-making formula that can help us make healthy decisions. The formula is up on the board. It is Feelings + Good Choices = Healthy Decisions. Let's go through an example of how this formula works. You use this formula when you have a decision you need to make. For example, let's say you've found out that a friend has told something you shared with them that you wanted to be a secret. We'll call this the situation.

Next you think about your feelings about the situation. What might some of your feelings be? (Wait for answers. Put answers in the squares of the model.) What are some choices you could make based on your different feelings? (Wait for answers. Put answers in the squares of the model.) If you made each choice, what might happen? (Wait for answers for each choice and record.) If each of these things happened, what feelings would you have? (Wait for answers and record.) Finally, think about which choice works best for you. That choice is usually the best decision.

Let's try the formula using the Situation Cards or our own situations. Pick a Situation Card or write a problem you are dealing with that you would like some help on. Drop your card into this container. Who would like to draw a situation from the container? (Select a volunteer, if no one responds.) Now let's use the Healthy Decisions Formula to solve the problem. (Point to the appropriate step of the formula as you ask the following questions.) Who can tell the group what the problem is in their own words? (Situation) How might you be feeling in this situation? (Associated Feelings) What are some choices for this person? (Choices)

If a person were to do this or make this choice, what could happen as a result? (What Might Happen)

How might a person feel if he/she made each choice? (Associated Feelings)

If this were you, what would you do? (My Decision)

Let's try another one. Who would like to draw the next situation?

Repeat the process until the Healthy Decisions Formula has been used for all situations/problems.

Materials Needed

- Posterboard or chalkboard/flipchart to write out formula
- Situation Cards (See pages 106 & 107)
- Nontoxic markers
- Basket, bag, or other small container to put cards in

FEELINGS + GOOD CHOICES = HEALTHY DECISIONS

Situation	Associated Feelings	Choices	What Might Happen	Associated Feelings	My Decision (Choice that feels right and safe for me)

Situation Cards

Note: All Situations are appropriate for Middle School children; only those followed by (E) are appropriate for Elementary School children.

Your friend has started shoplifting.

Your sister is not old enough to drink, but you find empty beer cans in her closet.

Your dad beats up your mom. (E)

Your older brother hurts you physically when he gets mad.

Your mom left you alone all weekend while she was out drinking. (E)

Your friends are teasing a kid who is different. They want you to join in.

Your sister keeps coming into your room. (E)

Your mom wants you to come and live with her. You don't want to hurt her feelings, but you want to stay with your dad.

A new friend asked you over and you said "yes." Now your best friend calls and asks you over. You would rather go with your best friend.

You're not sick, but you don't feel well.

Your big sister destroys your property and blames it on you.

Your babysitter is drinking and doesn't want you to tell your parents.

A group of boys always threatens you in the bathroom at school. (E)

You and your friend are bored.

Your dad left you and your sister in the car for a long time while he was in the bar. (E)

The person sitting next to you in math wants to see your answer sheet to the test you are both taking.

Situation Cards (continued)

Your mom hits your older sister. (E)

Soccer and football practice are at the same time.

Kids make fun of you because you're poor and don't have nice clothes.

You've been asked to go to two different places at the same time.

The kids on the bus are teasing you. (E)

Your brother keeps beating you up.

You are sleeping overnight at a friend's house. Your friend suggests that you drink some of his/her parent's wine.

Your friend asked you to go to a party, but you're not allowed to go.

Your friend asks you to go to a place where you won't get caught and smoke a cigarette.

A bully picks on you every day at recess.

Your friend took $5 from someone's purse and wants you to promise not to tell.

There is a new kid at school you would like to be friends with, but your best friend doesn't like you to be friends with anyone else.

Your friend's mom picks you up from school in her car. You can tell that she is drunk.

You're afraid to go home from school because your mom has drugs at home. (E)

Your parents are getting divorced. (E)

The children on the bus are threatening you.

Every weekend when you are at your dad's house, he gets drunk.

Helpful vs. Hurtful Scramble

Problem Solving Session: Middle School

Anger is a very natural and normal feeling. People experience anger frequently during any given day. This may include feeling annoyed when your little brother messes with your prized possessions, irritated when a friend tells others something you told him in confidence, or really, really mad when you realize how much addiction has hurt you and your family. It's okay to feel angry; it's what you do with it that matters the most.

There are both helpful and hurtful ways to express anger. Let's start with the harmful because it's the most obvious. There are three harmful ways to express anger:

1. Hurt others.
2. Hurt yourself.
3. Destroy property.

- We can hurt others by hitting, kicking, and making fun of them. Often it's the mean words we say that bother people the most.
- We can hurt ourselves by put-downs and not treating ourselves well.
- It's just not okay to destroy or deface property.

You are probably asking yourself "So what can I do when I get angry?" There are three important guidelines to always remember when sharing anger:

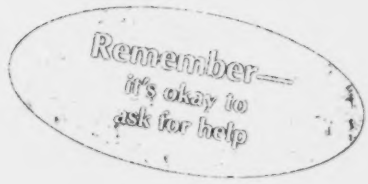
1. Respect others.
2. Respect yourself.
3. Respect property.

- You can tell someone you are angry without hurting them or others. It's often a good idea to take a time-out to calm down. You may settle down and then speak to them without yelling or name-calling. It often helps to share your feelings with one or two other people first. It may be scary to tell a parent, teacher, or counselor you are angry. You could write the person a note about your feelings and discuss it at a later time.
- People often get mad at themselves when they make mistakes or hurt others. Please be gentle with yourself. You can learn and grow from your mistakes.
- Even though you might get so mad that you really want to, it's never a good choice to destroy property in any way.

Use the "Helpful vs. Hurtful Scramble" on the next page to help you think about helpful ways to express angry feelings.

Helpful vs. Hurtful Scramble

Read each sentence. Decide if this is a harmful or helpful way to express anger. Write your responses in the spaces provided. Solve the secret message from the letters with the circles.



Example:

Call someone mean names H A R M F U L

1. Break things that don't belong to you ___ ___ (O) ___ ___ ___ ___
2. Take time to calm down first ___ ___ ___ ___ ___ ___ ___ ___
3. Talk to someone you trust ___ (O) ___ ___ ___ ___ ___
4. Spread rumors about the person you are mad at ___ ___ ___ ___ ___ ___ ___ ___
5. Exerci(s)e ___ ___ ___ ___ ___ ___ ___
6. Draw a picture ___ ___ ___ (O) ___ ___ ___
7. Scream and yell at others ___ ___ ___ ___ ___ ___ ___ ___
8. Take a time-out ___ (O) ___ ___ ___ ___ ___ ___
9. (C)all yourself names like "stupid" or "ugly" ___ ___ ___ ___ ___ ___ ___ ___
10. Steal from o(t)hers ___ ___ ___ ___ ___ ___ ___

Secret Message ___ ___ ___ ___ ___ ___ ___

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High-Risk Me

Addiction Session: Middle and High School

Teaches young people about various risk factors for alcoholism and drug addiction.

Description

The facilitator explains that the group will be playing a game that empowers them to make healthy choices when it comes to using alcohol and drugs, especially in terms of reducing their own risk factors. Explain the biological risk for addiction and discuss their risk of becoming addicted based on family history.

Using special bibs made from foam squares and Velcro-covered ping-pong balls, have the children form a circle. Everyone practices throwing the Velcro balls across the circle to one another. After a time the facilitator chooses one person to wear one of the squares. The person puts on the small square and runs through the circle while the others attempt to hit him/her with the balls. They should attempt to hit the Velcro square, which symbolizes biological risk(s) for alcohol problems. Note that the squares can be connected front and back to make a vest or bib.

When the Velcro square on the bib is small, explain that there is lower biological risk for addiction; however, there is always some risk for problems or addiction if people use alcohol or drugs. Continue with the other size squares, explaining the greater biological risk people have of becoming addicted when they have chemical dependency in their family. It is important to acknowledge that a family history does not mean that everyone in the family will develop alcohol or drug problems; however, depending on the choices they make, they are more likely to develop problems if they use in a high-risk manner.

With a family history of alcohol or drug problems, the low-risk guidelines for adults are to abstain, to not drink daily, or to drink no more then two drinks in any one day and no more than one drink an hour. For anyone under 21, abstinence is the only low-risk guideline given the greatly increased risk for addiction for anyone whose brain is still not fully developed as well as laws, policies, family history, and other physical issues. Obviously, if people abstain from alcohol and mood-altering drugs, they will not develop alcohol and drug problems. If someone says, "I can run through the circle and not get caught, by dodging and really working hard to protect the Velcro," point out that they indeed are working awfully hard at staying safe and then discuss other ways to help avoid alcohol and drug problems. Talk about their choices.

Materials Needed

- Six small Velcro balls
- One 2" × 4" foam square with masking tape
- Two 4" × 6" foam squares with yarn tied through each

Jeopardy Self-Care Game

Treatment and Recovery Session: Elementary School

This activity combines the fun and excitement of a familiar television game show with learning basic self-care concepts.

Coping Session: Middle and High School

Teaches young people a variety of ways to take good care of themselves.

Directions

Divide the children into small groups. Introduce the categories by writing the following headings on the board (posterboard for a reusable lesson aid or a chalkboard/flipchart for a temporary aid):

BODY	MIND	SPIRIT
FEELINGS	BEING A KID	GOALS

The facilitator explains that these are the areas for children to focus on when taking good care of themselves.

Give each group paper, pencils, and a clipboard to write on. Each group brainstorms ways to do self-care in each category.

Groups return to the large group and each group answers the question, "What have you come up with?" for each category. Write the children's answers on the posterboard or chalkboard/flipchart.

An alternative for younger children is to have them brainstorm ways to take care of themselves in each area such as the following:

Body: Wash hands, brush teeth, exercise.

Mind: Do homework, read, think about decisions.

Spirit: Go to church/synagogue, read spiritual materials, pray, or meditate.

Feelings: Talk with someone you trust.

Being a Kid: Play with friends.

Goals: Make plans to get something done (learn something new, do homework, do life planning)

This game is played in a context of teamwork and cooperation where everyone wins.

It is not necessary for the activity to be competitive; just see how many ideas can be generated. Reward both teams. Stress the importance of learning from and helping one another in this game.

Note: Save the results of this game for use in the Self-Care Bags activity.

Materials Needed

- Posterboard or chalkboard/flipchart
- Nontoxic markers
- Paper
- Pencils
- Clipboards

Letters to Addiction

Treatment and Recovery Session: Middle and High School

This exercise allows young people to express deep-seated feelings about the disease that has created many of their families' problems.

Description

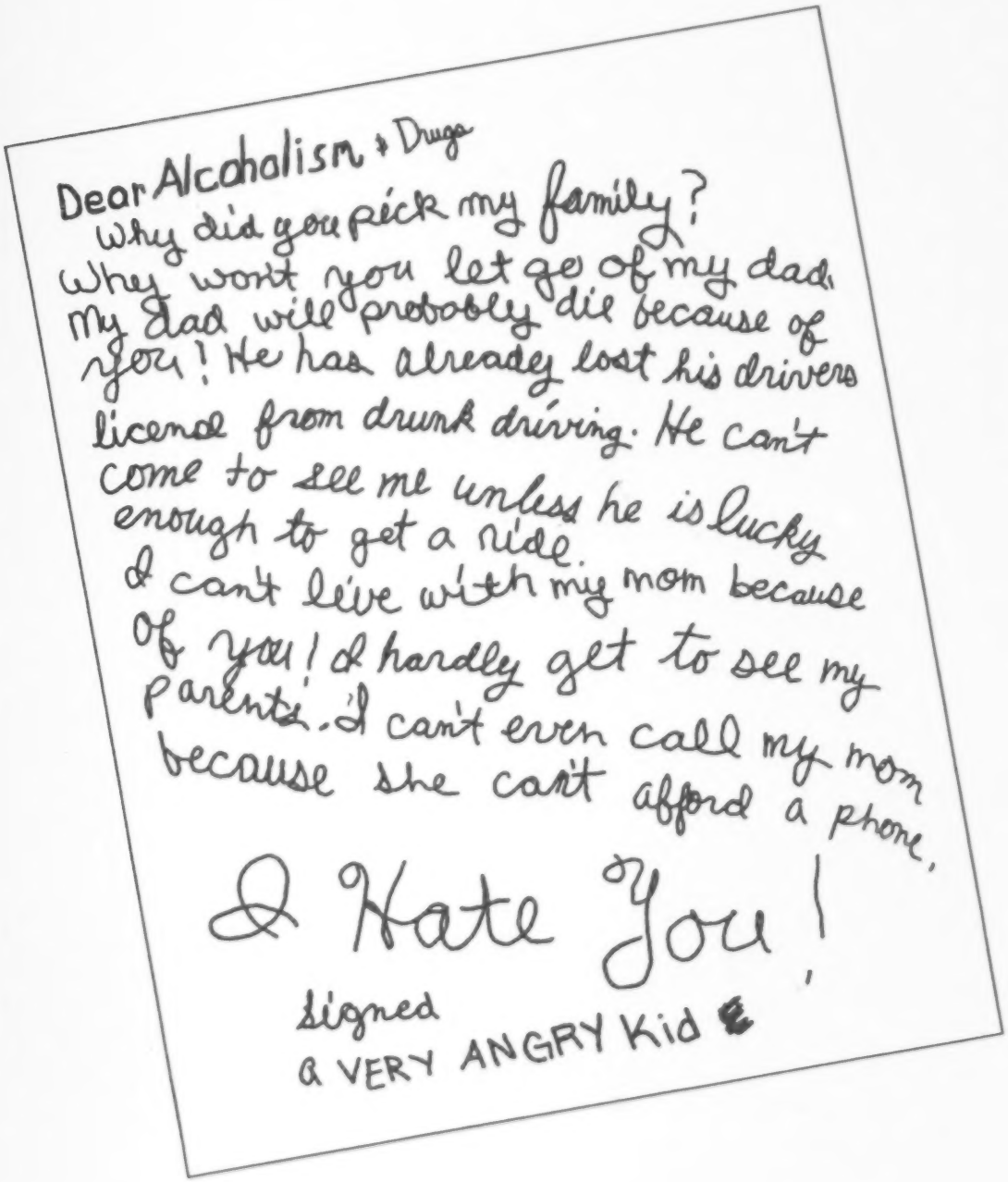
The facilitator gives each group member a copy of the "Dear Addiction" worksheet. The facilitator instructs the participants to write a letter to the disease that has hooked their loved ones so completely. Writing a letter facilitates the process of helping children realize their powerlessness over family addiction. It also provides a gateway for them to initiate their own recovery by taking good care of themselves. (See the sample letter on the next page.)

Reassuring the young people that no one outside the group will ever see these letters, the facilitator tells them to find a comfortable spot in the room to do their writing. The facilitator moves around the room and offers support and encouragement as they complete this task.

Young people quite often express anger, hurt, sadness, fear, guilt, and shame. They describe the problems that have overwhelmed their loved ones, as well as their families. The facilitator may give them the option of sharing their letters with the group if they desire. Even if participants choose not to read their letters to the group, a general discussion of the feelings that surfaced during the writing brings children relief in knowing they are not alone in their family problems and feelings. Help children make the connection between sharing feelings and then letting go of them by ripping up and/or throwing away their letters. Doing so assists them in understanding they can share anger without hurting themselves or others.

Materials Needed

- Copies of Dear Addiction worksheet (on page 4–112)
- Pencils



Dear Alcoholism + Drugs

Why did you pick my family?
Why won't you let go of my dad.
My dad will probably die because of you! He has already lost his drivers license from drunk driving. He can't come to see me unless he is lucky enough to get a ride.
I can't live with my mom because of you! I hardly get to see my parents. I can't even call my mom because she can't afford a phone.

I Hate You!

Signed
A VERY ANGRY Kid

Example of letter to the disease

Dear Addiction Worksheet

Dear Addiction:

Letters to Recovery

Treatment and Recovery Session: High School

Similar to the Letters to Addiction activity, this activity is a thank-you to "recovery" for giving the young person hope.

Description

The facilitator gives a brief overview of what "recovery" is and why it is important for young people and their families. Give each group member a copy of the "Dear Recovery" worksheet.

The facilitator instructs the young people to write a letter to recovery from the disease that has hooked their loved ones so completely. Reassuring them that no one outside the group will see the letters, the facilitator tells them to find a comfortable spot in the room to do their writing. The facilitator moves around the room and offers the young people support and encouragement as they complete the task.

In writing these letters, the young people are able to make a commitment to "recovery" of what they will and will not do to take good care of themselves.

Materials Needed

- Copies of Dear Recovery worksheet (on next page)
- Pencils

Dear Recovery Worksheet

Dear Recovery,

Many People Can Help Me

Feelings Session: High School

This activity helps young people identify people they can turn to for help when they are experiencing uncomfortable feelings.

Safe People Session: Elementary, Middle and High School

Provides children with a list of important phone numbers that they can use when they need help.

Coping Session: Elementary, Middle, and High School

Helps young people identify those persons who can guide them in processing their concerns.

Description

The facilitator begins by explaining that many children live in families with addiction. Having a list of people and their phone numbers can help. Compiling the list in the company of other children emphasizes the importance of having such a list. It's fun to work on this activity while everyone is sprawled on the floor with a lot of space for legs and elbows. Play some of the children's favorite music softly in the background. This activity works best with children over the age of 9. Younger children require additional support and assistance from the facilitator.

Place telephone books, pencils, and People Who Can Help Me worksheets on the floor. Encourage the children to find a comfortable place on the floor with plenty of room. Give each child a worksheet and stress that there are many people who can help them when they need it. The group brainstorms a variety of people they could turn to for help: Aunt Betty, the police, family, doctor, their group leader, Grandpa, and others.

When many possibilities have been mentioned, the children take pencils and complete their worksheets. They list people they would feel comfortable calling if they needed help. If they don't know the person's number, they look it up. The facilitator assists children individually by suggesting other people the children might call and helping them use the phone book. The activity is over when everyone has at least two names and telephone numbers on their worksheet. Facilitators encourage children to keep their worksheet in a safe, easily accessible place in case they ever need it in a hurry. For middle and high school, you may want to use index cards for the exercise.

Materials Needed

- Copies of People Who Can Help Me worksheet (on next page)
- Local telephone books
- Pencils
- Index cards

People Who Can Help Me

Name	*Phone Number*
_____	_____
_____	_____
_____	_____
Neighbors: _____	_____
_____	_____
_____	_____
Teachers: _____	_____
_____	_____
_____	_____
Relatives: _____	_____
_____	_____
_____	_____

Phone Numbers to Call if You Need Help

Remember that these calls won't cost you anything because they have an area code of "800." Be sure to dial "1" first.

Boys Town National Hotline	*1 (800) 448-3000*
CHILDHELP USA Child Abuse Hotline	*1 (800) 422-4453*
National Youth Crisis Hotline	*1 (800) 448-4663*

Keep this list in a place where you can get to it easily, such as in your bookbag.

Michael's Journey Video

Addiction Session: Middle and High School

Feelings Session: Middle School

Coping Session: Middle and High School

This videotape focuses on family alcohol problems as they affect youth. It follows two African-American boys who exemplify different coping styles of children of alcoholics. The video does not offer pat answers. The goals are to help young people realize the importance of bonding and the need for trust, and to provide insight into the far-reaching effects of family addiction (through the comments of adult children of alcoholics). It confirms that a child can express love for an addicted parent and that parents do love children even when the household is affected by parental addiction.

Description

Before viewing *Michael's Journey*

The facilitator tells the group that they will view a film about two young men with similar problems who find different ways to live with their situations. Challenge the young people to discern the common problems, available solutions, and the different strategies and solutions that each boy chooses. Invite them to identify individuals who can provide help as Michael and Bruce journey through the videotape.

After viewing *Michael's Journey*

The following questions may be used to stimulate discussion:

1. How are Michael and Bruce the same? How are they different? How do you know they are good friends?
2. Who else in the video could help Michael and Bruce? How did they show their concern? Did they do all they could to help the boys? How did the boys respond to these people? What will Michael or Bruce have to do to receive help from these people? Are there other people who could help them? How could they help each other?
3. If you knew Bruce or Michael, how could you help them?
4. Did Michael go to the Discovery Club? Why or why not? Did Bruce go to the Discovery Club also? Why or why not?
5. Why is the videotape entitled *Michael's Journey?* What makes it a journey?

Materials Needed

- *Michael's Journey* video
- TV/VCR

My Rules for Safe Communication

Coping Session: Elementary, Middle, and High School

Helps children learn better ways to communicate and share things with their family and friends.

Description

The facilitator leads the children in a discussion about the fact that many families do not get along well because they have a hard time talking to each other. Explain that many families do not talk to each other as much as they should so that they can understand each other.

If you do not talk to your family and friends and tell them how you feel about things, what can happen? What are some of the reasons families have a hard time talking with one another? Possible answers include

- There is not enough time together because family members stay away from home a lot.
- Time together is often spent in activities that do not allow for much talking, such as watching TV.
- Some parents do not feel children should be listened to; they should be "seen and not heard."
- Sometimes family talks become arguments.
- Some parents may be drinking and kids are afraid to talk to them.

The facilitator reviews the rules for safe talking and explains to the children that to be a good speaker with your family and friends you need to know more rules. What are some rules to know when speaking to others, especially family members? Introduce the following:

- One person talks at a time.
- Everyone gets a chance to talk.
- Do not talk while another person is talking.
- Do not say that another person's ideas are dumb.
- Use "I" statements.

The children talk about how to have good conversations, which gives them an opportunity to practice some of these skills. Have the children complete the "I Feel" Messages worksheet and discuss how to practice these skills.

Materials Needed

- Copies of "I Feel" Messages worksheet (on next page)
- Pencils

"I Feel" Messages

Complete the messages below by changing the "you" messages into "I feel" messages:

1. You make me mad when you take my pencil.

_____

_____

2. You make me sad when you say those things.

_____

_____

3. You make me happy when you smile.

_____

_____

4. You made me do that.

_____

_____

5. You make me angry when you do that.

_____

_____

6. You make me sick when you throw food.

_____

_____

7. It's your fault I have to stay after school.

_____

_____

8. You made me get in trouble.

_____

_____

Negative Thoughts That Prevent Effective Action

Safe People Session: High School

Helps participants identify feelings and attitudes that might prevent them from getting help when they feel unsafe at home, at school, or on the streets.

Description

The facilitator begins a discussion with the young people about how when you feel unsafe at home, on the streets, or at school, you should not keep it to yourself. Tell somebody. The purpose of talking to someone else such as a counselor or school faculty person, minister, neighbor, or family member is not to get someone else into trouble. Rather, it is to help you figure out what you have to do to be safe. Here are some beliefs that might keep you from getting help when you need it. (Write the following statements on a chalkboard/flipchart as you read them.)

- Feeling ashamed to admit to problems at home or elsewhere.
- Fear of reprisal from parents, bullies, or strangers.
- Being locked into a role or view of self that keeps you from taking action.
- Believing that "I deserve what I get."
- Believing and accepting that it is normal to feel vulnerable and afraid at home, at school, or on the streets.
- Believing that you must live in a state of risk and fear in order to keep your house together or to protect someone else.

Facilitator(s) can then have a discussion with the young people by asking

- Which of these beliefs, attitudes, or feelings apply to you?
- Have there been times in your life when you have felt any of these ways?
- What can you do to remind yourself that these are faulty beliefs that can get you into trouble?

Distribute the Alateen worksheet after the exercise. Review the questions, discuss as time permits, and stress the value of Alateen as an ongoing resource.

Materials Needed

- Chalkboard/flipchart
- Nontoxic markers/chalk
- Copies of Alateen Worksheet (on next page)

Alateen Worksheet (adapted)

Is Someone's Drinking or Drug Abuse Getting to You?

Yes	No	Questions
		1. Do you have a parent, close friend, or relative whose drinking or drug abuse upsets you?
		2. Do you cover up your real feelings by pretending that you don't care?
		3. Are holidays and gatherings spoiled because of drinking or drug abuse?
		4. Do you tell lies to cover up for someone's drinking or drug abuse or to hide what's happening in your home?
		5. Do you stay out of the house as much as possible because you hate it there?
		6. Are you afraid to upset someone for fear it will set off a drinking or drug use bout?
		7. Do you feel nobody really loves you or cares what happens to you?
		8. Are you afraid or embarrassed to bring your friends home?
		9. Do you think the addicted person's behavior is caused by you, other members of your family, friends, or rotten breaks in life?
		10. Do you make threats such as, "If you don't stop drinking, using drugs, or fighting, I'll run away"?
		11. Do you make promises about behavior, such as getting better school marks, going to church, or keeping your room clean in exchange for a promise that the fighting, using, and drinking will stop?
		12. Do you feel that if your mom or dad loved you, she or he would stop drinking or using drugs?
		13. Do you ever threaten or actually hurt yourself to scare your parents into saying "I'm sorry" or "I love you"?
		14. Do you believe no one could possibly understand how you feel?
		15. Do you have money problems because of someone else's drinking or drug abuse?
		16. Are mealtimes frequently delayed because of the drinker or drug abuser?
		17. Have you considered calling the police because of the drinker's or drug abuser's abusive behavior?
		18. Have you refused dates out of fear or anxiety?
		19. Do you think your problems would be solved if the drinking or drug abuse stopped?
		20. Do you ever treat people (teachers, schoolmates, teammates, etc.) unjustly because you are angry at someone else for drinking or using drugs?

If you answered yes to some of these questions, Alateen may be able to help you.
Visit Alateen online at www.al-anon.alateen.org or call toll-free at 1-888-4AL-ANON.

PEPPER Story and Video

Addiction Session: Elementary School

Feelings Session: Elementary School

Safe People Session: Elementary School

Helps children understand about addiction, especially that it's not their fault. Depending on the group and availability of a VCR, read the story or show the video.

Description

Before reading the story or viewing *PEPPER:*

The facilitator explains that *PEPPER* is a story about a puppy named Pepper who loved to have fun except when his friend Mr. Jones would neglect him. Mr. Jones was very forgetful at times and would not walk, feed, or even pet Pepper. Feeling alone and very sad, Pepper became curious about Mr. Jones' behavior. Whenever Mr. Jones was sick and irritable, Pepper would notice many bottles in the house. He knew there was a problem and sat in on an Alcoholics Anonymous meeting with his friend and listened to other people talk about being sick and irritable after they drank. Someone then said that it was the alcohol that changed their mood and made them feel ill. Pepper then learns the term "alcohol" and its effect on the body.

After reading the story or viewing *PEPPER:*

Remind children that throughout the story, feelings that are experienced by children of alcoholics were presented. Ask whether they have had similar feelings. Using PEPPER is an excellent way to help children understand the circumstances of a family faced with addiction and the confusion and feelings of rejection felt by the children in such families. The facilitator may discuss these topics with the children and allow them to share.

Materials Needed

- *PEPPER* story (on following pages) and/or video
- TV/VCR

PEPPER

4-123

PEPPER

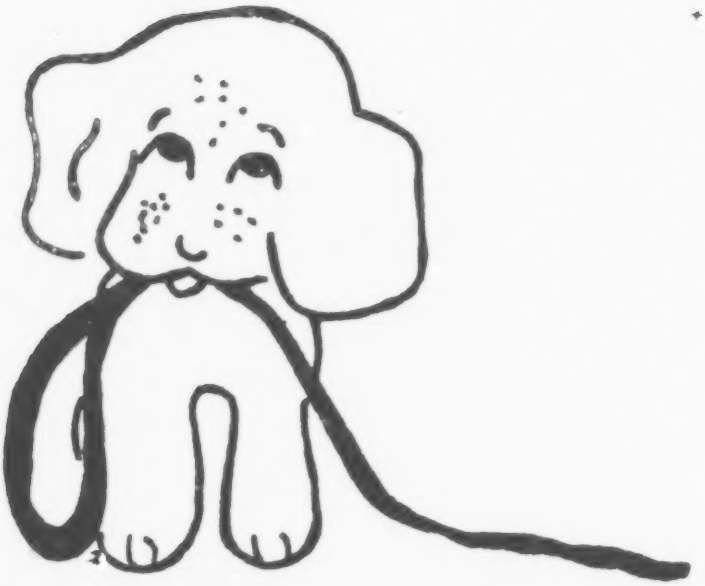
Pepper was a puppy who had fun things to do—like chasing sticks, chewing bones, or sleeping in his little home.

Sometimes Pepper didn't have much fun—like when it rained or when his friend, Mr. Jones, forgot to feed him.

4–125

One day Mr. Jones forgot many things. He didn't take Pepper for his walk. He didn't put meat in his dish. Mr. Jones even forgot to pet Pepper.

By night time Pepper was very hungry and very lonely. He thought he had better let Mr. Jones know what he had forgotten to do.



First, Pepper took his leash and looked hopefully at Mr. Jones. Mr. Jones didn't see Pepper. Pepper whined,

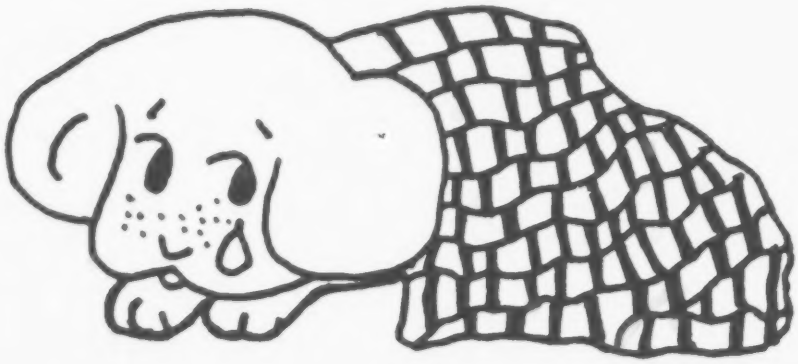
"Remember our walk?"

Mr. Jones didn't hear him.

Pepper jumped up against Mr. Jones' leg. Mr. Jones did something he had never done before. He slapped Pepper.

"Go away!"

Pepper felt very bad. He picked up his blanket and lay down in a corner. A tear rolled down his cheek.



"I wonder why Mr. Jones is mad at me. I must have done something bad."

But Pepper could not think of WHAT he had done that was bad. All the while Pepper felt more and more hungry.

"Woof! Woof! It's time to eat," he barked.

Mr. Jones was in his chair and had a hard time waking up. Pepper barked a long time. Finally Mr. Jones was awake. He looked at the clock. He looked at Pepper.

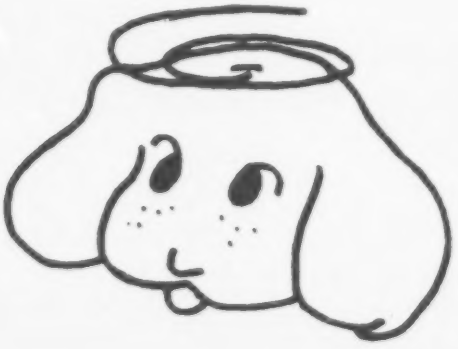
He said, "I'm sorry. I forgot to feed you. I'm sorry. It won't happen again."

For a while Mr. Jones did remember. Then one day he forgot again. He forgot the walk. He forgot the food dish. He forgot to pet Pepper.

The next day Mr. Jones felt very bad and said he was sorry. Then he forgot again. More and more days he forgot the walks, the food dish, and Pepper.

Pepper saw that when Mr. Jones forgot things, he felt sick. Pepper also saw that when Mr. Jones forgot things, there were many bottles in the house. They smelled funny.

Pepper tasted what was inside the bottles Mr. Jones drank from. It made him dizzy.



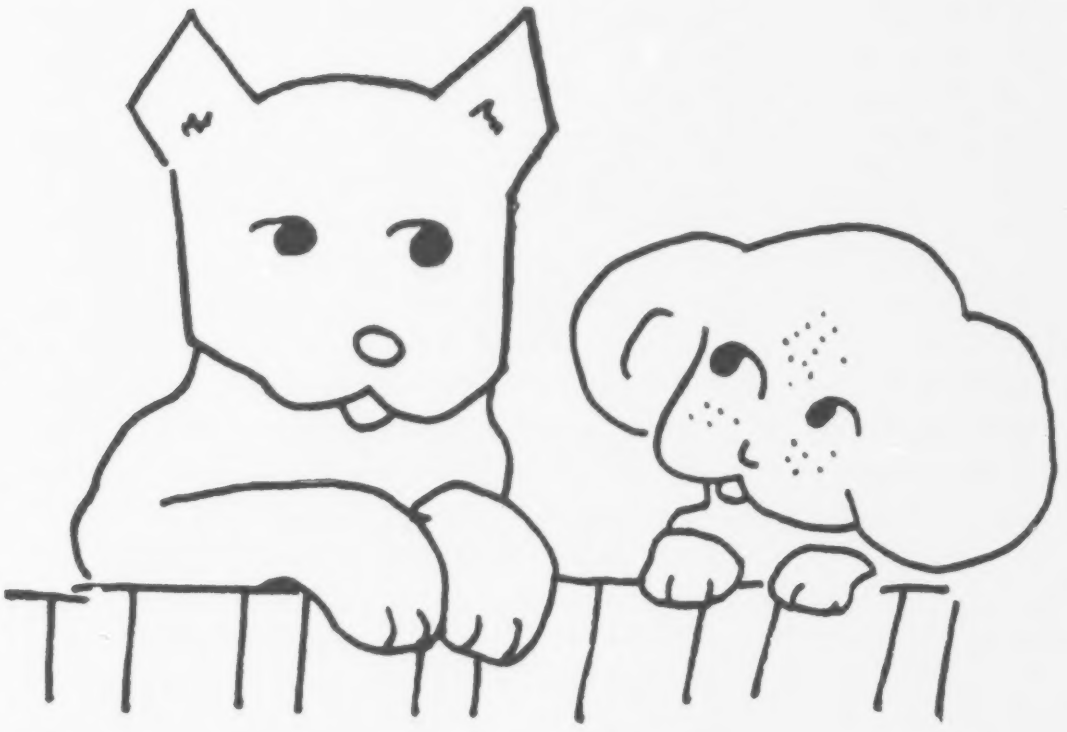
Pepper felt very bad,

very sad,

very mad,

and wondered what to do.

The next time Mr. Jones forgot, Pepper went for a walk by himself. He met another dog who said maybe Mr. Jones was sick. Sometimes when people are sick they forget things. Sick people should see a doctor.

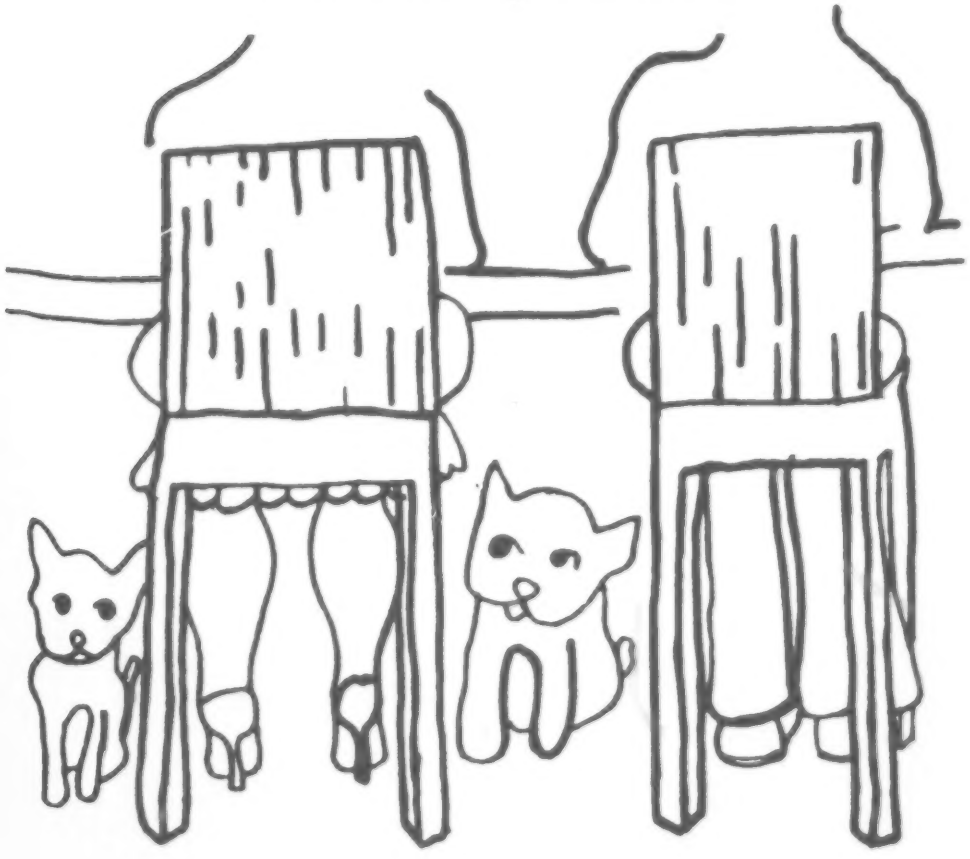


Mr. Jones didn't understand Pepper when Pepper tried to tell him to see a doctor. So Mr. Jones kept getting sicker and sicker. Pepper felt sadder and sadder. Until one day Pepper found some new friends.

He found his new friends at a meeting some people were having. The people all sat on chairs around a big table.

"What's going on here?" asked Pepper.

"Shhh," said a dog named Fred.



"Listen!"

Pepper listened. A man was talking about being sick and needing help.

"I know someone who is sick and needs help," said Pepper.

A lady talked about being sick, too, and having many bottles in the house.

"I know someone with many bottles," said Pepper.

"Shhh," said Fred. "Listen!"

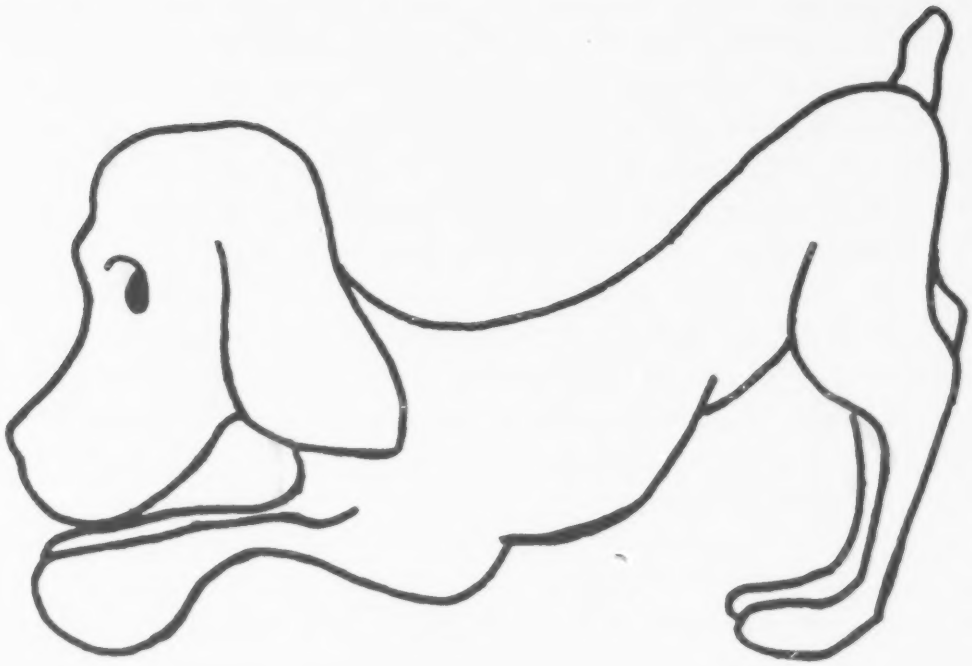
Another lady said that she got well when she stopped drinking what was in the bottles. She used a big word that Pepper had never heard before. She said it was alcohol that was in the bottles.

"What is *alcohol?*" Pepper asked Fred.

Fred whispered back, "*Alcohol* is what some people drink. It makes some people feel funny. It makes some people sick when they drink too much."

"Is that why Mr. Jones forgets to feed me, and take me on walks, and forgets to pet me?"

"Uh huh," said Fred, stretching.



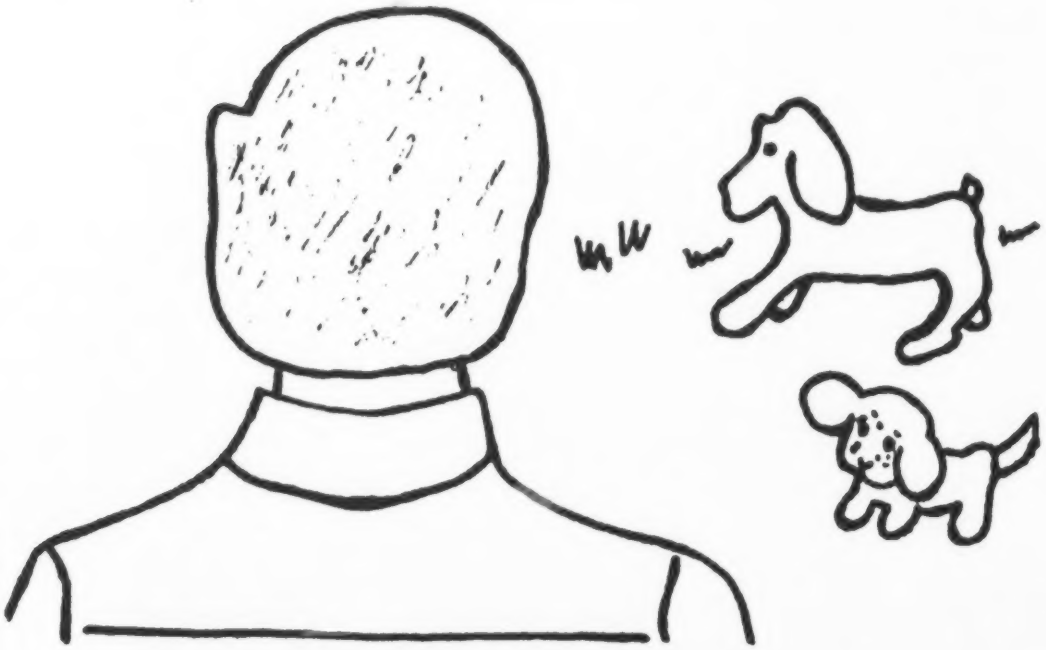
"Oh," said Pepper. "I thought he was mad at me."

"No," said Fred, "Mr. Jones is not mad at you. Mr. Jones forgets because he drinks too much."

"Now I don't feel so bad, so sad, or so mad," said Pepper, "because I know it's not my fault."

"That's good," Fred told him. "Some day Mr. Jones will feel so sick he may see a doctor. Then maybe he won't forget so much. Maybe he'll join a meeting like this one."

"Hey!" Pepper barked. "Let's be friends and play together. Race you to that fence!"



Mr. Jones saw them playing. He wondered what had happened at the meeting. He wondered what had made Pepper feel happier.

Problem and Solution Game

Problem Solving Session: Elementary and High School

This activity helps young people integrate basic problem solving skills into their everyday lives.

Description

The facilitator develops and presents three or four problem scenarios on index cards and uses the STARR Problem Solving Model (below) as a guide to teach problem solving. The game provides an atmosphere of teamwork and cooperation conducive to building such skills. Children also have fun in the process of practicing these important life tools.

STARR Problem Solving Model

- **Stop** (What is the problem? Name it.)
- **Think** (How do I feel? How can I solve this problem? Identify options.)
- **Act** (Choose the best option that helps me stay safe and allows me to take good care of myself.)
- **Resources** (Who can help me? Where can I find assistance? Find safe people and places for help.)
- **Review** (Would I try to solve this problem the same way again? What would I do differently next time?)

Dividing the group into two teams and having each pick a card, the facilitator walks the young people through STARR to solve their problems, such as fighting with siblings or being embarrassed by a parent's behavior. The facilitator guides each team in brainstorming possible options and their consequences by listing them on the chalkboard/flipchart in front of the room. Young people are encouraged to explore a wide array of choices that allow for safety and resolution. The facilitator also lists the group's suggestions of resources to help, as well as those safe people and places to turn to for support and guidance.

A discussion follows about the best two or three solutions to the problem. Here the facilitator again emphasizes the concept of choice, as there are many choices to make when solving problems. Ask younger children to draw the different options and possible consequences in resolving their dilemmas. This will facilitate the process of choosing the best solutions. Allow the children to do the work in the brainstorming phase. Provide comments and feedback only when necessary. The facilitator's most important function is to guide the children through the process. The key is enabling young people to master the STARR method and thereby build their self-confidence. Teens won't require the level of assistance that younger children will need for this activity.

Materials Needed

- Three or four index cards with problem scenarios
- Chalkboard/flipchart
- Nontoxic markers
- Drawing Paper (Elementary)

Problem Box, Solution Box

Problem Solving Session: Elementary School

This activity helps young children see that their problems, especially addiction in the family, are not unique.

Description

The facilitator explains to the children that they are going to be able to share their own problems with the group, the feelings involved, and the ways they can deal positively with their problems.

This activity is best done in a wide, open space where children can sit comfortably on the floor. Spread colored markers, crayons, and index cards on the floor. Allow children to find a space for themselves with lots of room. After a brief discussion of the problems often faced when growing up with alcoholism and drug addiction, the facilitator passes out index cards. Using colored markers or crayons, children draw or write about problems in their own lives on the index cards. The facilitator emphasizes that they don't have to write their names on the cards. Children can thus draw or write about a problem that they might not otherwise have been willing to share.

When all are finished, the children put their cards into a large wooden "problem box." After the box is shaken well, each child pulls out a card. In turn they read or describe the problem on the card they have chosen. The group brainstorms ways to solve the problem. Children tell how they've solved similar problems in their own lives. The child who pulled out the card writes or draws a couple of possible solutions on the back of the card. Once thoroughly discussed, the card is placed in the "solution box."

Materials Needed

- Two wooden boxes (cigar boxes work well)
- Placards saying "problem box" and "solution box"
- Nontoxic colored markers
- Crayons
- Index cards

Problems, Problems

Problem Solving Session: Middle and High School

This activity helps young people see the ways they are affected by addiction in the family and that the group members share many similar problems.

Description

The facilitator reviews what the young people know about the myths of addiction. Then the facilitator explains that instead of just talking about the problem of addiction, the goal is to talk about how it has affected them. Facilitators should ask participants to think of a person whose alcohol or drug use has affected them. The Problems, Problems worksheet lists common problems for teens from addicted families.

Pass out a worksheet to everyone in the group. Have each group member read the list and mark ones they agree with. The facilitator says, "Check the statements that apply to you. The examples may not always fit your situation exactly. You can check one, though, if it is something like your own situation. If you want, you can write down your own examples."

When participants have finished, the facilitator says:

"Go down the list of effects. Share examples of when you have been in situations like these."

"How do you feel about what you see?"

"Were you surprised by any of your answers? Are these things you have thought of before?"

Facilitators can look for how open or guarded participants are at this stage in the process. Usually, sharing this information will create its own momentum of honesty. When one participant hears another's story, he/she will open up and offer examples as well.

The statements in this exercise focus on the effects on youth, not the specific family problems that led to these effects. Facilitators should guide the discussion away from detailed descriptions of parental behavior.

Materials Needed

- ☐ Copies of Problems, Problems worksheet (on next page)
- ☐ Pencils

Problems, Problems Worksheet

- ❑ **A parent disappears:**
  "They're just NOT THERE. He/she doesn't even look up when I talk to him/her."

- ❑ **Kids have to act as parents:**
  "I have to plan the shopping and take care of my little brother. Sometimes I even go to parent meetings at school with him."

- ❑ **Confusion:**
  "When he/she's drinking you can't always tell what's going to happen. Sometimes he/she'll be laughing and joking and then start screaming at us."

- ❑ **Losing sleep:**
  "I can hardly sleep in my house because my parents are fighting and I'm worried."

- ❑ **Worrying:**
  "I'm always afraid my mom/dad will get killed in an accident."

- ❑ **Arguments and fighting:**
  "I sure have a lot of arguments with him/her when he/she's drinking or hung over."

- ❑ **Staying away from home:**
  "After school I stay in the park as long as possible. I don't go home until it's dark."

- ❑ **Fear of losing the nondrinking parent:**
  "I love my mom/dad, but I think she/he's gonna leave if the drinking doesn't stop."

- ❑ **Violence:**
  "One night, he was getting so mad that I thought he was going to hit my little sister."

- ❑ **Embarrassment:**
  "I'm afraid that if my friends come over, they'll see my dad drunk."

- ❑ **Moving around too much:**
  "We had to move because my dad had so many problems in the town we lived in."

- ❑ **Broken promises:**
  "My father says he'll teach me how to fix my bike, but he never has."

- ❑ **Riding with a drunk driver:**
  "If there's anything I hate, it's when my mother drives me somewhere after she's been drinking. That's just *too* scary."

- ❑ **Sickness:**
  "My stomach hurts so much I had to see the doctor."

Quiz on Alcoholism and Drug Addiction

Addiction Session: High School

This activity helps young people to identify any misunderstandings regarding alcoholism and drug addiction.

Description

The facilitator starts the activity by saying, "Everyone growing up today has heard at least something about alcoholism and other forms of addiction. Sometimes we hear very clear and truthful messages. Sometimes, however, we hear some false information or half-truths."

The facilitator then hands out copies of the True/False Quiz on Alcoholism and Drug Addiction. The facilitator says, "Let's look at our own beliefs regarding drug use. Take some time now to give your opinions on whether some use of alcohol and mood-altering drugs is okay or not okay." Have the young people complete the quiz and then review the answers.

Go through the list of questions and ask participants why they believe each statement is true or false. Ask participants to give any supporting data or observations they have. Quiz questions and appropriate responses are as follows:

1. "You can't be an alcoholic if you just drink beer." False. People can get just as drunk on beer as they do on mixed drinks. The alcohol content in a can of beer is approximately equal to a mixed drink.
2. "No one can help an alcoholic or drug-addicted person. Only the alcoholic or drug-addicted person can help him/herself." False. Sometimes alcoholics seek treatment when their spouses, children, and others encourage them to do so; however, it's still the addicted person's responsibility.
3. "Alcoholism is the most common drug problem in the country." True. Far more people are addicted to alcohol than to marijuana, cocaine, heroin, or other drugs.
4. "Alcoholics and drug-addicted people are usually Skid Row bums." False. Alcoholism and drug addiction cross all lines in a community. Doctors, lawyers, ministers, priests, moms, and dads all can be alcoholics or drug abusers.
5. "Very few women are alcoholics. Almost all are men." False. One-third of all alcoholics and alcohol abusers are women.
6. "Most alcoholics and drug-addicted people could stop drinking or using if they just used their willpower and really decided to stop." False. Addiction to alcohol or drugs is a physical disease. Willpower alone will not work. Medical treatment and programs like Alcoholics Anonymous are ways that many people find sobriety after they have tried and failed to do it on willpower alone.

7. "Very few alcoholics and drug-addicted people have jobs." False. Millions of alcoholics and drug-addicted people are able to drink or use drugs heavily and still maintain a job. It is the family that feels the effects of the addiction most strongly, usually long before the effects are seen on the job.

8. "There is nothing you can do for an addicted person until he or she hits bottom. They have to realize for themselves that they need help and do it on their own." False. Experts have found that when people are confronted with the effects of their addiction on others, and when people stop "enabling" them to continue drinking or abusing drugs, they seek and accept treatment for their problem much sooner.

9. "Alcoholics drink because they really love the taste of alcohol." False. Alcoholics drink because it makes them feel good and because they have developed a disease that makes it almost impossible for them to stop on their own once they start to drink. The taste has very little to do with it.

10. "Unlike heroin, alcohol is psychologically but not physically addicting." False. Alcohol is definitely both psychologically and physically addicting.

11. "People become addicted when there is too much pressure on them. Being nervous about their jobs or their families can cause them to become alcoholics." False. Alcoholics become addicted because of their relationship with alcohol. Alcoholism has a genetic component as well. People whose parents or grandparents are alcoholic are at increased risk of becoming alcoholics themselves.

12. "Because alcoholics and drug-addicted people have a disease, they are not responsible for their behavior when they are drunk or using drugs." False. Alcoholics and drug-addicted people have learned that when they drink, they have serious behavioral problems. They know before they start drinking or using that there will be serious consequences if they do drink or use drugs.

Materials Needed

- ☐ Copies of True/False Quiz on Alcoholism and Drug Addiction (on next page)
- ☐ Pencils

True/False Quiz on Alcoholism and Drug Addiction

True	False	
❑	❑	1. *You can't be an alcoholic if you just drink beer.*
❑	❑	2. *No one can help an alcoholic or drug-addicted person. Only the alcoholic or drug-addicted person can help him/herself.*
❑	❑	3. *Alcoholism is the most common drug problem in the country.*
❑	❑	4. *Alcoholics and drug-addicted people are usually Skid Row bums.*
❑	❑	5. *Very few women are alcoholics. Almost all are men.*
❑	❑	6. *Most alcoholics and drug-addicted people could stop drinking or using if they just used willpower and really decided to stop.*
❑	❑	7. *Very few alcoholics and drug-addicted people have jobs.*
❑	❑	8. *There is nothing you can do for an addicted person until he or she hits bottom. They have to realize for themselves that they need help and do it on their own.*
❑	❑	9. *Alcoholics drink because they really love the taste of alcohol.*
❑	❑	10. *Unlike heroin, alcohol is psychologically but not physically addicting.*
❑	❑	11. *People become addicted when there is too much pressure on them. Being nervous about their jobs or their families can cause them to become alcoholics.*
❑	❑	12. *Because alcoholics and drug-addicted people have a disease, they are not responsible for their behavior when they are drunk or using drugs.*

Rad Ads

Addiction Session: High School

This activity helps teens come to a deeper understanding about alcohol, drugs, and addiction.

Description

The facilitator tapes a variety of advertisements for alcohol and drugs on the group room walls. Teens stroll around the room and closely scrutinize the ads, which stress the good life, beautiful people, fun, excitement, instant relief, and pleasure. A brief discussion takes place as teens comment on what they see in each ad, what the ad appears to be promising, and what makes it so appealing that people want to try the product.

Following this discussion, the facilitator asks the young people to think about what is missing from the various ads, specifically the negative side of alcohol and drug addiction. Drawing largely from their own experiences, teens then create advertisements about the perils of alcohol and drug abuse and addiction. They draw scenes about parental fighting, family violence, broken promises, child abuse, and family members relapsing. Sometimes they draw pictures of people in hospitals, jails, or actually dying as a result of their addiction.

The teens have the option to share their pictures with the group. In reviewing these rad ads, the facilitator stresses that addiction isn't the teens' fault and that they can't make it better, either. The ads help them see that they all have similar problems and feelings. Through their creativity and shared experiences, teens describe a side of this powerful disease that rarely gets alluded to in any advertising. Along the way, they again realize that the disease is not their fault and that they are not alone.

An optional followup is to tape the rad ads on the walls to use for further reference in discussing the disease concept of addiction.

Materials Needed

- Sample advertisements for alcohol and drugs
- Drawing paper
- Tape
- Nontoxic markers or crayons

Safe People Maps

Problem Solving Session: Middle School

This activity helps young people search for characteristics of safe people so they can have maps to determine whom they can turn to in times of need.

Safe People Session: Middle and High School

Assists youngsters in deepening their awareness and understanding of what makes certain people safe and others not so safe.

Description

The facilitator introduces the concept of safe people. Participants discuss whom they turn to when they need support and guidance. More important, they begin to ponder what it is that makes that person safe. Taking a large piece of newsprint with "Safe People" written on the top and taping it to the wall during the session, the facilitator guides a brief discussion about characteristics that help make someone safe.

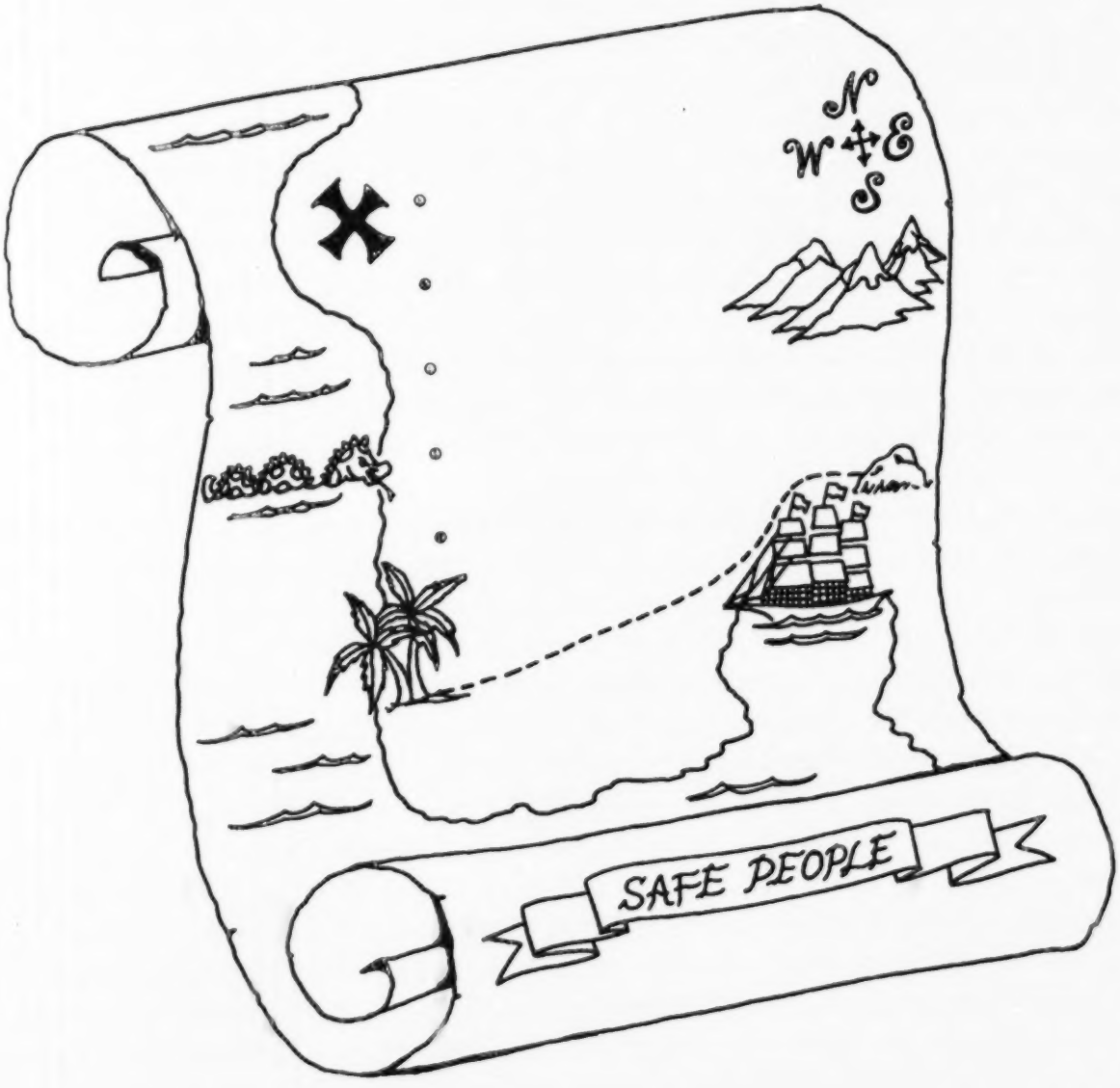
Before long, this exercise becomes spontaneous as kids yell out new characteristics as soon as they come to mind. If this process bogs down at all, do it in conjunction with the Safe/Unsafe People Game (on page 4–149); the latter activity spurs several thoughts and ideas about safe people and their many characteristics. The facilitator may guide the process by helping the young people touch upon any important points that escape them about safe people.

Toward the end of the group session, the list contains numerous characteristics. The facilitator takes ample time to have the youth brainstorm who in their lives has many of these gifts and skills (probably no one has them all, because no one's perfect). This exercise helps young people to identify the safe people in their lives. The facilitator provides extra support for those who have trouble translating the list into people in their lives. Finally, all group members get a copy of the Safe People Map worksheet (see example) and are encouraged to fill in what they have learned about safe people.

Materials Needed

- ☐ A sheet of newsprint with "Safe People" written at the top
- ☐ Masking tape
- ☐ Nontoxic markers
- ☐ Copies of Safe People Maps worksheet (on next page)

Safe People Maps Worksheet



Safe/Unsafe People Game

Safe People Session: Elementary School

This activity helps children learn specific information on what makes certain people safe and others unsafe.

Description

The facilitator explains that the children are going to discuss how to seek out people who can provide support, guidance, and assistance. Explain why this important life skill can serve young people for many years to come.

With the group sitting in a circle in the middle of the room, the facilitator initiates a brief discussion about safe people, describing characteristics that make someone safe and others that make someone unsafe. The facilitator writes the words "Safe People" on a chalkboard/newsprint and asks the group to brainstorm exactly what behaviors make someone safe.

To deepen this process the facilitator explains that he/she will be role-playing a variety of people over the next several minutes. The facilitator will walk outside the room and come back in playing someone else, either a safe person, an unsafe person, or someone in-between. After a few minutes in character the facilitator will say "Stop" and the children will guess if that person was safe, unsafe, or somewhere in between. A brief discussion follows as the group attempts to list other characteristics of safe people. The facilitator plays five or six different characters, running the whole spectrum from safe to really unsafe (exhibited by such behaviors as yelling, being disrespectful, touching inappropriately by grabbing a child's shirt, and not really listening). If time allows, a group member may volunteer to role-play another character and then the group decides if that person was safe or unsafe. The facilitator completes this activity by reviewing the Safe People list and seeing if the group can make any final additions to it.

During the role-plays, use a variety of characters, some clearly safe and unsafe, as well as others in between. Doing so will facilitate a rich group discussion.

Materials Needed

- Chalkboard/flipchart
- Nontoxic markers

Safe Way Role-Play

Coping Session: Elementary School

This activity gets children actively involved in the learning process and lets them demonstrate their burgeoning problem solving and self-care skills.

Description

The facilitator divides the group into two teams and asks each one to demonstrate a safe solution to a problem they just discussed. The facilitator makes sure each team works on a different problem scenario and stresses that there are different safe choices in resolving each dilemma. (Situation Cards from the Healthy Decisions activity could be a source of scenarios.)

The teams form huddles at opposite ends of the room to prepare their role-play solutions. The facilitator, offering support, suggestions, and enthusiasm, moves back and forth between the two groups, giving the children 20 minutes or more to come up with their skits. Once ready, each team presents its skit to the other group. A discussion follows on how each team arrived at its particular solution, as well as on other safe solutions that could work. Emphasis is on safe people and places that could assist in problem resolution.

Many children especially enjoy practicing these skills in the context of skits. Role-plays enable young people to demonstrate the many new skills they've learned as well as to practice them.

Materials Needed

- Assorted props for the role-plays (a bag of clothes, wigs, and assorted items)
- Situation Cards (see Healthy Decisions on pages 4–104 and 4–105)

Searchin' Serenity

Coping Session: Middle and High School

This activity helps young people to see the Serenity Prayer in an entirely new light and helps them to understand the importance of taking good care of themselves.

Description

The facilitator hands out Searchin' Serenity worksheets to all group members. It's often quite helpful for young people to work in small groups so they may learn from one another. The facilitator proceeds by reading the first part of the prayer and asking the teams to quietly brainstorm what things in their lives they can't change. After 5 minutes or so, a large group discussion ensues and the facilitator writes the various teams' responses on a chalkboard/flipchart for all to see and comment on.

Next the facilitator reads the middle section of the prayer and asks the teams to brainstorm those things in their lives they can change. After a few minutes the large group assembles and the facilitator records the various responses on the chalkboard/flipchart. If the group doesn't do so, the facilitator emphasizes that the most important things young people can change are themselves.

With this in mind, the facilitator reads the last part of the prayer and asks each team to come up with plans to take good care of themselves. Again the group comes together and the responses are recorded for all to see. The facilitator stresses that a wise person is someone who truly takes good care of him/herself. A discussion follows. The prayer also can serve as a valuable frame of reference in handling tough problems while staying safe.

Materials Needed

- Copies of Searchin' Serenity worksheet (on next page)
- Chalkboard/flipchart
- Nontoxic markers

Searchin' Serenity Worksheet

God, grant me the serenity to accept the things I cannot change

Here are some things I cannot change (others):

1. _____
2. _____
3. _____
4. _____
5. _____

Courage to change the things I can

Here are some things I can change (me):

1. _____
2. _____
3. _____
4. _____
5. _____

And the wisdom to know the difference

Here is a plan to take good care of me:

1. _____
2. _____
3. _____
4. _____
5. _____

Self-Care Bags

Coping Session: Elementary School

This activity empowers children to incorporate self-care strategies into their daily lives.

Description

The facilitator distributes small paper lunch bags and instructs the children to decorate them. They may do so with crayons, colored pencils, and nontoxic markers in any way they like, just as long as each child writes his/her name on the bag. Have extra bags available in case someone makes a mistake or ends up disliking his/her design. Some children who are perfectionists might want to keep redoing their bag, however, and this behavior should not be reinforced. Young people usually need 20 minutes or so to complete the activity, but the facilitator should give the group extra time, if necessary, to create bags they are proud of.

After the bags are finished, the facilitator hands each child seven index cards. If the group has the results from the Jeopardy Self-Care Game on a posterboard, the facilitator can ask the children to write down a self-care idea (for example: exercise, play a game, read, draw feelings) on each side of the seven index cards. If the list of self-care ideas is not available, it will need to be brainstormed (see Jeopardy Self-Care Game on page 4–109). The facilitator tells the group to write suggestions for each of the areas (Body, Mind, Feelings, Spirit, and Being A Kid) so that youngsters will be sure to include ideas for taking good care of their bodies, minds, feelings, spirits, and the little kid inside each of them.

After the children have completed this phase, the facilitator instructs them to put their completed index cards into their care bags. Sitting in a circle, the children, one by one, take out a card and read each side for self-care ideas. The facilitator explains the importance of having a suggestion on both sides, as children have choices in how they can take care of themselves.

A discussion ensues about the importance of caring for oneself. One of the few activities children actually take home with them, self-care bags remind them of the importance of taking time out for themselves because they are worthy and deserve it. The facilitator brainstorms with the group ways that they can use their bags when they get home: "If you're ever bored or not feeling very good about yourself, pull a card out of the bag and follow the instructions; use your self-care bag every day." Remind them they can use this bag after group when they need to think of a safe way to take care of themselves.

Materials Needed

- Small paper lunch bags
- Crayons, nontoxic markers, colored pencils
- Index cards
- Results from Jeopardy Self-Care Game on posterboard, if available

Seven Cs

Addiction Session: Elementary and Middle School

Treatment and Recovery Session: Elementary and Middle School

Safe People Session: Middle School

Coping Session: Elementary School

This activity helps young people further deepen their understanding that they're not responsible for their parents' problems.

Description

The facilitator writes the Seven Cs (see next page) on a chalkboard/flipchart. As a review, children read one "C" at a time and the group discusses what each means and how it applies to their lives. After this process the facilitator draws a line between the third and fourth "C" to differentiate between what young people can't (take care of parents' problems) and can (take care of themselves) do. Once this is clearly established, the game is ready to begin. This role-play exercise solidifies specific skills children can use to take good care of themselves. Children, up and moving as they tap into their creativity, have some fun along the way.

The facilitator demonstrates how this activity works. He/she leaves the room for a moment and reenters, role-playing a scene illustrating one of the seven Cs. After a 1-minute skit, the group guesses which "C" was being portrayed. After performing a few role-plays for the group as examples, the facilitator asks for volunteers to role-play the various Cs. While some young people go solo, others work in small groups. Learning by doing helps to deepen group members' grasp of this important information. After each scenario, a brief discussion takes place to make sure everyone understands what has just transpired.

The initial scenarios that the facilitator performs should be simple and obvious. This allows young people to build confidence in their abilities, giving them more motivation to volunteer to do their own role-plays. If necessary, the facilitator can help group members plan possible role-play situations. Allow adequate time to discuss each scenario to make sure everyone is on the right track. For the Middle School age group, distribute the Alateen worksheet after you have finished the exercise. Review the questions, discuss as time permits, and stress the value of Alateen as an ongoing resource.

Materials Needed

- Chalkboard/newsprint
- Nontoxic markers
- Copies of Alateen Worksheet (on page 4–156)

The Seven Cs

I didn't Cause it.

I can't Control it.

I can't Cure it.

but

I can help take Care of myself by

Communicating feelings

Making good Choices and

Celebrating myself.

Alateen Worksheet (adapted)

Is Someone's Drinking or Drug Abuse Getting to You?

Yes	No	Questions
		1. Do you have a parent, close friend, or relative whose drinking or drug abuse upsets you?
		2. Do you cover up your real feelings by pretending that you don't care?
		3. Are holidays and gatherings spoiled because of drinking or drug abuse?
		4. Do you tell lies to cover up for someone's drinking or drug abuse or to hide what's happening in your home?
		5. Do you stay out of the house as much as possible because you hate it there?
		6. Are you afraid to upset someone for fear it will set off a drinking or drug use bout?
		7. Do you feel nobody really loves you or cares what happens to you?
		8. Are you afraid or embarrassed to bring your friends home?
		9. Do you think the addicted person's behavior is caused by you, other members of your family, friends, or rotten breaks in life?
		10. Do you make threats such as, "If you don't stop drinking, using drugs, or fighting, I'll run away"?
		11. Do you make promises about behavior, such as getting better school marks, going to church, or keeping your room clean in exchange for a promise that the fighting, using, and drinking will stop?
		12. Do you feel that if your mom or dad loved you, she or he would stop drinking or using drugs?
		13. Do you ever threaten or actually hurt yourself to scare your parents into saying "I'm sorry" or "I love you"?
		14. Do you believe no one could possibly understand how you feel?
		15. Do you have money problems because of someone else's drinking or drug abuse?
		16. Are mealtimes frequently delayed because of the drinker or drug abuser?
		17. Have you considered calling the police because of the drinker's or drug abuser's abusive behavior?
		18. Have you refused dates out of fear or anxiety?
		19. Do you think your problems would be solved if the drinking or drug abuse stopped?
		20. Do you ever treat people (teachers, schoolmates, teammates, etc.) unjustly because you are angry at someone else for drinking or using drugs?

If you answered yes to some of these questions, Alateen may be able to help you.
Visit Alateen online at www.al-anon.alateen.org or call toll-free at 1-888-4AL-ANON.

Problem Solving Session: High School

Introduces teens to a basic and simple problem solving model to take good care of themselves.

Description

The facilitator begins by asking the group to describe problems they have recently experienced. Asking for a volunteer to describe how he/she solved a particular problem, the facilitator guides the group in a discussion on the process of solving problems and introduces children to the STARR method.

STARR Problem Solving Model

STOP.	What is the problem? Name it.
THINK.	How do I feel? How can I solve this problem? Identify options
ACT.	Choose the best option that helps me stay safe and allows me to take good care of myself.
RESOURCES.	Who can help me? Where can I find assistance? Find safe people and places.
REVIEW.	Would I try to solve this problem the same way again? What would I do differently next time?

The facilitator names and describes the five basic steps while writing them on a chalkboard/flipchart in the front of the room. The facilitator encourages group discussion throughout the steps, especially resources to help. The facilitator emphasizes that not only is it wise to get help from others in solving problems but it's also very smart to find a safe place to hang out when a problem becomes too dangerous or difficult to handle.

The group goes back to the problems they shared at the beginning of this activity and attempts to solve them using the STARR model. Such practice helps the young people feel more comfortable with this particular model and increases their confidence in successfully applying it. The facilitator explains that when a young person feels peer pressure he/she must think about making good decisions that take into account choices and consequences. Give each young person a copy of the worksheet and discuss common peer pressure problems and refusal skills.

Materials Needed

- Chalkboard/flipchart
- Nontoxic markers
- Copies of Refusal Skills worksheet (on next page)

Refusal Skills

1. **Ask questions...**
   "You mean you want me to do WHAT?"

2. **Name the trouble...**
   "That's illegal."

3. **State the consequence...**
   "If we do that, we could get arrested."

4. **Suggest an alternative...**
   "Why don't we go and do something else?"

5. **Leave and leave the door open...**
   "I am going to do this instead. I hope you will join me."

Treatment and Recovery Ask-It Basket

Treatment and Recovery Session: Middle and High School

This activity provides an opportunity for young people to ask any questions they have about the treatment and recovery process.

Description

The facilitator gives each young person a 3" × 5" card. Ask them to write down any questions they have about treatment and recovery. They can write sentences or just a few words that will be explained.

When everyone is done writing, the facilitator puts all the cards in the shoebox. The young people sit in a circle and pass the box around the circle. Each chooses a card and reads one of the questions and allows the group and/or facilitator to answer or address the questions.

Materials Needed

- Package of 3" × 5" cards
- Pencils
- Shoebox

Treatment and Recovery Session: Elementary, Middle, and High School

This activity helps children gain a new and deeper understanding of treatment and the recovery process as they come to see that they are not responsible for their parents' recovery, but that they are responsible for taking care of themselves.

Description

The facilitator can refer to the Addiction Game (see page 4–69), where the addicted person eventually gets hooked by the disease of addiction. If the group has not done the game yet, review the process of addiction and how a person gets hooked. The disease grabs the person by the arms and won't let him/her go, thus symbolizing how that person has been hooked, trapped, and consumed by addiction. After a brief discussion about how addiction now runs that individual's life, young people try different ways to get the person unstuck, all to no avail. Group members not only see that the addiction is not their fault, but also that they can't make everything better. But how do people get better from addiction?

While the disease still firmly has a grasp on the addicted person, the group brainstorms ways in which the person can get better. When someone yells that the addicted person needs to ask for and get help, the addicted person yells out, "Help. I need help. Please help." Role-playing Treatment-n-Recovery, the other facilitator or child volunteer goes to the person asking for help. When Treatment-n-Recovery gets close, the disease runs away out of fear. Treatment-n-Recovery introduces itself to the addicted person and shares how it can help. "I'll help you learn to love yourself, be honest, share feelings, and learn how to take care of yourself and be free." The addicted person learns that Treatment-n-Recovery stays around only if the person really wants to get better. Treatment-n-Recovery demonstrates that it is a safety net that protects the person from alcohol, drugs, or whatever the person is hooked on. The disease lurks on the other side of the room, waiting to pounce on the addicted person, but it can't do so while Treatment-n-Recovery is around.

All group members get the opportunity to role-play the addicted person and ask Treatment-n-Recovery for help. A discussion follows on all the things that comprise Treatment-n-Recovery: treatment, aftercare, counseling, and 12-step meetings like Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon.

The facilitator explains what relapse is and emphasizes that relapse also is not the child's fault. It occurs because the addicted person doesn't stay with Treatment-n-Recovery.

Materials Needed

- ☐ None

Wheel of Misfortune

Problem Solving Session: Elementary and Middle School

This activity helps children solve the real-life problems found in families with an alcohol- or drug-dependent member and to see that they have choices and options in handling tough situations.

Safe People Session: Elementary, Middle, and High School

This activity prepares them to handle any similar real-life crisis in the future.

Description

The facilitator divides children into teams of three, and each group selects a team name. With a spin of the wheel (see example of spinner in "Feelings Wheel"), each team lands on a particular letter of the alphabet. The team looks at the Wheel of Misfortune gameboard (see page 4–164) to identify its problem; for example, riding in a car with a drunk driver or being embarrassed by a drinking or drug-abusing parent in the presence of one's friends. The team brainstorms a variety of ways to solve the dilemma.

Play the game over and over to allow each team to brainstorm ways of handling a variety of problem situations. This helps children believe they truly have choices in their lives. Above all, this is an activity that stresses trust and cooperation among the children. The key here is teamwork. Everyone wins. Children come to see that they have choices and options in handling tough situations. Facilitators emphasize the importance of taking good care of oneself and always staying safe. When all are ready, each team presents its findings to the large group. Discussion ensues. The facilitator reviews the following self-care safety tips to remind children of ways to stay safe:

- Walk with a group when going to school, recreational events, and other activities and always avoid empty lots, vacant buildings, and alleys.
- If you feel threatened by someone outside the school, go back into the building and find a counselor, teacher, maintenance worker, or office worker to help you.
- Notice and try to remember places on your school-to-home route that you could go to if you needed to get away from someone you felt threatened by; places like stores, post offices, police stations, recreation centers, and service stations can serve as temporary places of safety.

- Don't show off money or valuable possessions. Keep them out of sight if possible.
- Don't wear obviously valuable jewelry, like gold chains, at school or on the streets. Don't make a habit of talking about money or other valuables you or your parents have at home. Even if you are telling a friend you trust, that person may tell someone less trustworthy.
- Don't hitchhike.
- Don't e-mail personal information to people you don't know.
- Don't invite people into your house unless you know them very well.
- If at all possible, don't ride with a driver who has been drinking or using drugs; have a plan for safe transportation and confirm it ahead of time with those you might call.
- When the drinking or drug use at home becomes a problem, try to remove yourself to your room, a neighbor's house, or other safe place. If you have younger siblings, take them along. (Do not engage in angry dialogue or storm out. Go quietly and calmly.)

Materials Needed

- Spinning Wheel (on next page)
- Wheel of Misfortune gameboard (on page 4–164)

Wheel of Misfortune

Wheel of Misfortune Gameboard

A	Blamed unfairly
B	Yelled at for no reason
C	Passed out on the floor
D	Driving with a drunk parent
E	Mom or Dad not coming home
F	Watching parent getting beaten up
G	Brother or sister getting hit
H	Asked if you want alcohol or drugs
I	Embarrassed with friends
J	Stuck in the middle

You're Not Alone Video

Addiction Session: Elementary School

Problem Solving Session: Elementary, Middle, and High School

Safe People Session: Elementary, Middle, and High School

This 9-minute video features Jerry Moe, national director of Betty Ford Center's Children's Programs, and children who have benefited from participating in educational support groups for children of addicted parents. It speaks to children in families with addiction or other high-stress and emotionally painful living environments.

Description

Before viewing *You're Not Alone*

The facilitator explains that they will view a film that speaks directly to children from addicted families. It also contains important messages for all children and youth as it prepares them to respond more appropriately and comfortably to friends and classmates who live in families where someone is suffering from alcoholism or drug addictions.

After viewing *You're Not Alone:*

The facilitator guides a discussion with the young people. Suggested topics are as follows:

For the Addiction Session

What is addiction?

- Loss of control
- People not controlling their behavior
- Family stress/challenges
- Getting help

For the Problem Solving Session

How can children living with addiction help to take care of themselves?

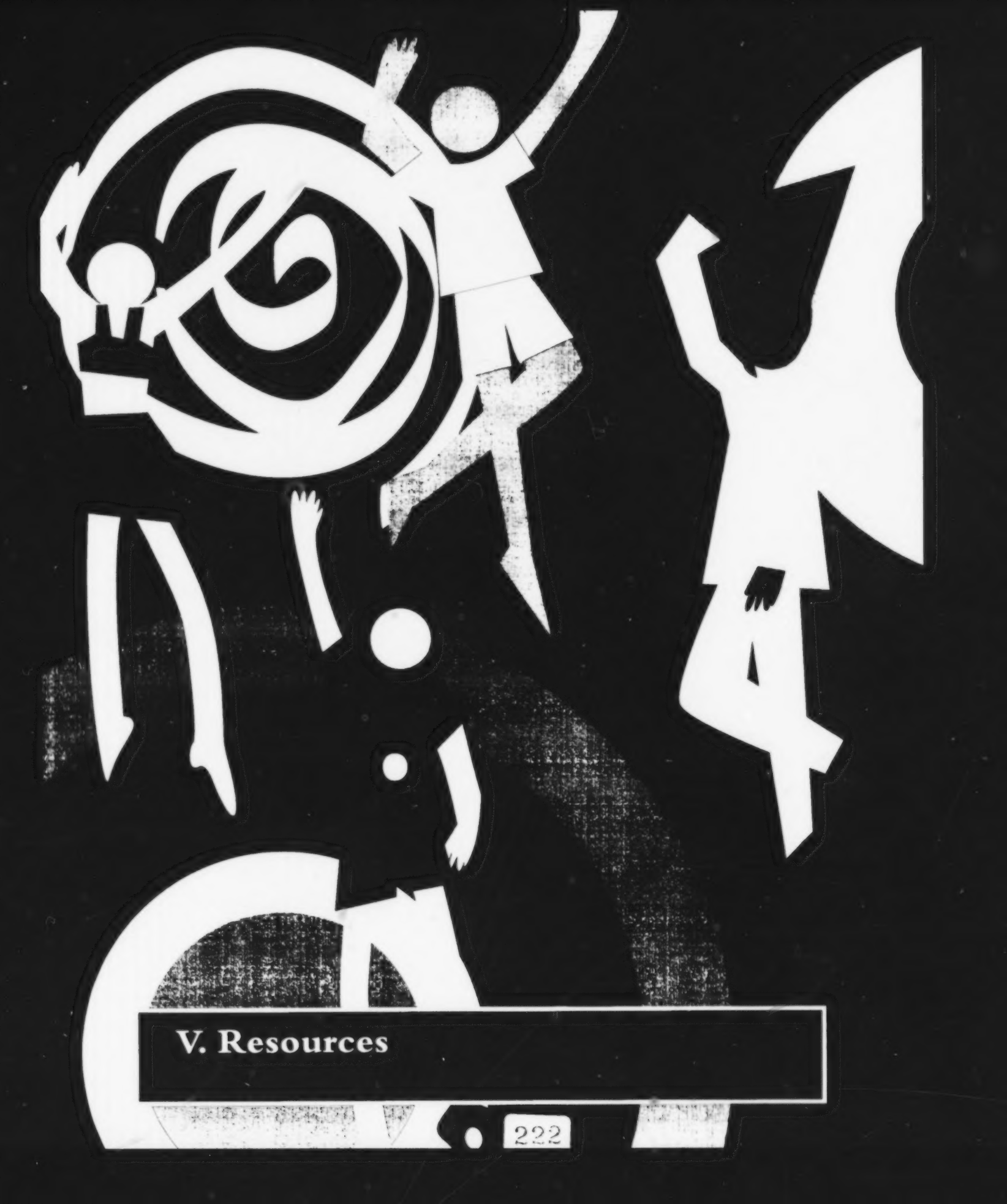
- What to do to stay safe
- Ways children can positively cope
- Why it's important to stay out of harm's way

For the Safe People Session

- Who are the safe people in your life?
- What makes them safe?
- Who else could be safe for you?
- When is it helpful to reach out to safe people?

Materials Needed

- *You're Not Alone* Video
- TV/VCR



V. Resources

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Program Materials

PLEASE NOTE: This list is not intended to be completely inclusive of all resources available. Inclusion on this list does not constitute endorsement by SAMHSA or DHHS.

Alateen—Hope for Children of Alcoholics, Al-Anon. Available through Al-Anon at (757) 563-1600.

Children of Alcoholics: Selected Reading, Vol. II, National Association for Children of Alcoholics (NACoA). Publication of articles by leading authorities, both researchers and clinicians. Available through NACoA at (888) 554-2627. Also available on Amazon.com.

Conducting Support Groups for Elementary Children K–6: A Guide for Educators and Other Professionals, Jerry Moe and Peter Ways. This clear and easy-to-use guide helps teachers and other professionals give children the guidance and structure they need to develop healthy living skills and deepen their resilience. It is packed with practical information for developing programs and working with children in a small group setting. Available through the Betty Ford Center at (800) 854-9211 and through Amazon.com.

Courage to Be Me: Living With Alcoholism, Al-Anon. Educates about alcoholism as well as how Alateen functions. For ages 11 to adult. Available through Al-Anon at (757) 563-1600.

Discovery...Finding the Buried Treasure: A Prevention/Intervention Program for Youth From High-Stress Families, Jerry Moe. Provides a step-by-step prevention and intervention program for youth from high-stress families. It includes more than 55 games and activities that impart healthy living skills so children can talk openly, share feelings, and learn about family problems. Available through the Betty Ford Center at (800) 854-9211 and through Amazon.com.

Elephant in the Living Room, The Children's Book, Marion Typpo and Jill Hastings. A program designed to help children from age 7 to early adolescence cope with the problems of living with a problem-drinking or drug-abusing parent or sibling. The children's book uses a workbook format with line drawings. There is also a leader's guide entitled *Elephant in the Living Room: A Leader's Guide for Helping Children of Alcoholics.* The leader's guide is primarily for adults working with children in groups. Both books are available through Amazon.com.

The Family Recovery Guide, Stephanie Brown and Virginia Lewis, with Andrew Liotta. A step-by-step map of the normal addiction recovery process for the entire family. Based on data from The Family Recovery Research Project, this is a resource guide for each member of the family—the addicted person, the partner, and the children. It outlines what happens from the beginning of abstinence into long-term recovery, with exercises to help each person develop and deepen his/her own "story" of addiction and recovery. New Harbinger Press, Oakland, CA.

Helping Teens Cope, Joseph A. Muldoon. A guide that describes a model to help students whose personal problems become school problems. It includes support group techniques and life skills for teens. The exercises give guidance and support for young people whose school performance, relationships, or emotional development is adversely affected by the lack of caring, competent adults in their lives. Available through Community Intervention, Inc., at (800) 328-0417.

Kids Power: Healing Games for Children of Alcoholics, Jerry Moe and Don Pohlman. This book presents games and activities designed specifically for children from alcoholic and drug-addicted families. All games and activities have been kid-tested with young people and stress trust and teamwork in a safe atmosphere where everyone wins. Available through the Betty Ford Center at (800) 854-9211 and through Amazon.com.

Kids Power Too: Words to Grow By, Cathey Brown, Betty LaPorte and Jerry Moe. This affirmation book helps young people live one day at a time. It helps children take better care of themselves, stay safe, and move toward a more balanced life. An excellent tool for adults to use with children, or for young people to use on their own. Available through the Betty Ford Center at (800) 854-9211 and through Amazon.com.

Kit for Kids, National Association for Children of Alcoholics. Written specifically for children and youth, this 8-page booklet includes factual information about alcoholism and strategies to cope for children of alcohol or drug-addicted families. Available through NACoA at (888) 554-2627.

Kit for Parents, National Association for Children of Alcoholics. This 14-page booklet offers facts about alcoholism and how parents can support their children and get help for themselves and their spouses. Available through NACoA at (888) 554-2627.

Kit for Therapists, National Association for Children of Alcoholics. Developed to assist clinicians dealing with children and adults who have been or are affected by a parent's or guardian's alcohol or drug problems. Available through NACoA at (888) 554-2627.

Kit for Educators, National Association for Children of Alcoholics. This 34-page resource kit provides essential information about children of alcoholics for teachers and school counselors. Available through NACoA at (888) 554-2627.

My Dad Loves Me, My Dad Has a Disease: A Child's View: Living with Addiction, Claudia Black. A workbook designed to help young children learn about themselves, their feelings, and the disease of addiction in their families through art therapy. Children between the ages of 6 and 14 share what it is like for them to live in a family afflicted by addiction. Available at 1-800-698-0148. Also see www.claudiablack.com.

101 Support Group Activities for Teenagers Affected by Someone Else's Alcohol/Drug Use: A Leader's Manual for Secondary Educators and Other Professionals, Martin Fleming. Available through Hazelden Institute (800) 257-7800 or online at www.hazelden.org.

Support Groups That Work, Bonnie Richardson and Naomi Weinstein. A manual with a step-through-step process for teachers, guidance counselors, and others interested in creating, planning, and implementing educational support groups for children of addicted parents. Available through the Children of Alcoholics Foundation at (212) 595-5810 or online at www.coaf.org.

Walking on Rainbows: A Recovery Workbook for Kids, Jerry Moe. Here is a workbook to help young people positively cope with the impact of addiction on the family. Designed in an engaging child-friendly format, *Walking on Rainbows* helps children to understand about addiction, share their feelings in healthy ways, develop self-care and coping strategies, and build upon their strengths. Available through the Betty Ford Center at (800) 854-9211 and through Amazon.com.

Additional Curricula Resources

The following curricula offer additional support program materials. PLEASE NOTE: This list is not intended to be completely inclusive of all resources available. Inclusion on this list does not constitute endorsement by SAMHSA or DHHS.

- BABES
- Children are People
- Creating Lasting Family Connections
- Focus on Families
- Rainbow Days
- Strengthening Families
- Strengthening Families Adaptation-Dando Fuerza a la Familia
- Y.E.S.

BABES**

Program Title(s): BABES (Beginning Awareness Basic Education Series)

Modules: Pre-K, Lower Elementary, Upper Elementary, Intermediate, Advanced, FAMILY BABES (Big BABES), BABES KIDS (BABES Clinical Manual)

Author(s): Lottie Jones, Ed.D.

Organization/Sponsor: BABES WORLD

Publication Date: 1990

Format(s): Storytelling curriculum, videos, coloring books, and puppets

Length of Program: Seven lessons, 45–60 minutes each

Topic(s): Self-image; decision making; coping skills, getting help; alcohol and drug information to help children from chemically dependent homes

Mode of Delivery: Teaching and support group facilitation

Target Audience: Elementary- and middle-school-age children, adolescents (12–18 years), and additional parent component

Setting(s): Classroom, churches, treatment facility, and community

Language(s): English

Readability: Designed for professionals

Current Use: Local, national, and international

Program Description: BABES is a 12-session activity-based program to use with children of all ages in treatment settings, schools, and the community. It is designed to educate preschool through high-school-age children about the consequences of drug and alcohol abuse. There are five modules in the curriculum (pre-K through grade 12), as well as clinical and facilitator manuals. Each module has a series of seven lessons presented in story form, illustrating basic living skills, enlivened by seven puppet characters with clearly defined personalities representing various presentation concepts. The curriculum integrates three models of change (learning, behavioral, and communication). The goal is to teach general life/coping skills through storytelling enhanced with puppets.

Who Facilitates Program: Concerned adults, including paid staff and volunteers

Facilitator Training Component: Yes

Train-the-Trainer Component: Yes

Availability: The program can be purchased, and facilitator training is available.

Trainings offered around the country at various times.

How to Order: Contact BABESWORLD Headquarters.

Cost: Ranges from $250 to $500

Contact Person:

Deborah Rowland
Chief Operating Officer
BABES
33 E. Forest
Detroit, MI 48201
(313) 833-3962 (phone)
(313) 833-3971 (fax)
www.BABESWORLD.com

** Initial evaluation has shown measurable results.

Children Are People***

Program Title(s): Educational Support Groups for Children, Adolescents, and Adults from Chemical-Abusing Families

Modules: Circle of Prevention for Children ages 5 to 12, Circle of Encouragement for Adolescents, Circle of Intervention for Adults

Authors(s): Elizabeth Barrett, Karen Brown, and Jill Zimmerman, Ph.D.

Organization/Sponsor: Hazelden/Children Are People Support Groups

Publication Date: 1996, Children; 1997, Adults; 1998, Adolescents

Format(s): 3 curricula

Length of Program: 10 weeks

Topics: Introduction to Group; Exploring Our Feelings; Starring Me, Starring You; Chemical Health; Chemical Use and My Family; Discovering Our Feelings; Learning About Defenses; Problems and Solutions; What Is a Family?; Celebrating Everyone.

Mode of Delivery: The groups have up to 18 participants who meet together weekly with trained facilitators.

Target Audience: Elementary-age children and parents

Setting(s): Locations within the community that are easy to access (e.g., churches, community centers, and libraries). Children and Adolescent curriculums are also used in schools.

Language: English

Readability: The curricula are user-friendly. They provide detailed descriptions of each activity for facilitators who are new to the program. They also provide a "quick reference" for facilitators who are familiar with the activities and want only a refresher.

Current Use: There are 68 school groups offered annually in the Minneapolis and St. Paul, MN, school systems. There are 15 community groups offered annually throughout the Minneapolis-St. Paul metropolitan area. All these groups are coordinated through the Children Are People Support Groups, Inc., office. The groups are offered by other organizations throughout the United States and abroad that have been trained and have purchased the curriculum.

Program Description: Children are People Support Groups (CAPSG) help children at high risk develop healthy life skills through education and support. This is accomplished through more than 100 creative activities. The children, teens, and adults who attend group sessions are able to learn about difficult issues and receive support in a safe environment while they have fun. The children's program includes units to help children in chemical-abusing families learn important skills. The adolescent program includes activities designed for teens. The adult program includes activities designed for adult learning that allow children and adults to work together creating a new home environment. CAPSG believes that because chemical dependency runs in families, prevention efforts should include the family and focus on improving the child's behaviors and strengthening family relationships. When the adult groups are run along with the young peoples' group, family members receive the same information, but it is presented in an age-appropriate manner. The potential for the family to change unhealthy patterns is greater because all family members are learning the same skills.

Who Facilitates Program: Paid staff and volunteers

Facilitator Training Component: Yes

Train-the-Trainer Component: No

Availability: Curriculum is currently available

How to Order: Visit the Web site, e-mail, or call.

Cost: Children's and Adult Curricula: $220 each plus shipping and handling.
Adolescent Curriculum: $240 plus shipping and handling. Individual components of the curriculum may be purchased as well.

Contact Person:
Hazelden Publications
PO Box 176
Center City, MN 55012
(800) 328-9000 (phone)
www.hazelden.org

*** Results of evaluation have been published in a peer-reviewed journal.

Creating Lasting Family Connections***

Program Title(s): Creating Lasting Family Connections (CLFC)

Modules: Developing Positive Parental Influences. Raising Resilient Youth, Getting Real, Developing Independence and Responsibility, Developing a Positive Response

Author(s): Ted N. Strader and Tim D. Noe

Organization/Sponsor: Council on Prevention & Education: Substances, Inc.

Publication Date: 1998

Format: Curriculum

Length of Program: 15–18 sessions

Topic(s): Substance use, abuse and dependency; refusal skills; communication skills; personal and family enhancement skills

Mode of Delivery: A combination of lecture, discussion, group exercises, role-plays, and reading assignments. The program can be implemented as a whole or in modules: three modules for parents and three separate modules for youth. Each module is 5–6 sessions in length.

Target Audiences: Elementary and middle school children, adolescents, and parents

Setting(s): Schools, churches, recreation centers, service organizations, etc.

Language: English

Readability: Fifth grade

Current Use: In 25 states

Program Description: The Creating Lasting Family Connections Program is a structured opportunity for family members to improve their ability to provide a nurturing environment for each other in a more effective and meaningful way. Participants are encouraged to improve their personal growth through increasing self-awareness, expression of feelings, interpersonal communication, and self-disclosure. Participants are taught social skills, refusal skills, and appropriate alcohol and drug knowledge and beliefs, which provide a strong defense against personal, societal, and environmental risk factors. This program also provides parents and other caring adults with family management and enhancement training. All participants have opportunities to practice these skills in a safe group setting. The program received the Exemplary Program Award from CSAT and SAMHSA and was chosen for a national dissemination effort.

Who Facilitates Program: Paid staff and volunteers (anyone certified as a CLFC trainer)

Facilitator Training Component: Yes

Train-the-Trainer Component: Yes

Availability: Modules currently available.

How to Order: Contact Resilient Futures Network
PO Box 6319
Louisville, KY 40206
Phone: (502) 897-1111
Cost: Curriculum: $1475.
Training: $200–$1200 per day.

Contact Person:
Ted N. Strader, Executive Director
COPES
845 Barret Avenue, Louisville, KY 40204
(502) 583-6820 (phone)
(502) 583-6832 (fax)
tstrader@sprynet.com
www.copes.org

*** Results of evaluation have been published in a peer-reviewed journal.

Focus on Families***

Program Title(s): Focus on Families

Modules: Curriculum and Checkpoint Choice Workbook

Author(s): Kevin P. Haggerty, Elizabeth Mills, and Richard F. Catalano

Organization/Sponsor: Social Development Research Group, University of Washington, funded by the National Institute on Drug Abuse.

Publication Date: 1993.

Format(s): Each group of sessions follows a similar format and includes the following: practice exercises, involvement activities, developmental issues appropriate to the topic, family meeting activities, relapse issues, and motivation to use the skill.

Length of Program: Sessions are conducted twice a week over a 16-week period.

Topic(s): Specific content covered includes family goal setting, relapse prevention, family communication skills, family management skills, creating family expectations about drugs and alcohol, teaching children skills, helping children succeed in school.

Mode of Delivery: Group sessions, parent training sessions, case management.

Target Audience: Most appropriate for parents enrolled in methadone treatment with children ages 3–14. Parents are encouraged to have at least 90 days of methadone treatment prior to beginning the program.

Setting(s): Community agencies

Language(s): English

Readability: Eighth grade or below

Current Use: The curriculum has been sold internationally (Spain, Australia, Canada, United States). The curriculum is still being conducted at Therapeutic Health Services in Seattle, WA.

Program Description: The Focus on Families program recruits participants through the methadone clinic. Eligible families participate in a 5-hour "family retreat" where families learn about the curriculum, identify their goals, and participate together in trust-building activities. This session is followed by 32 curriculum sessions. Parent sessions are conducted in the morning. Twelve practice sessions are offered in the evening for children to attend so that parents can practice developmentally appropriate skills with their children. Parent sessions are conducted with groups of six to eight families. The goals are to strengthen family bonding between all family members; prevent future drug use by anyone in the family; and have fun together as a family. Followup home-based case management is provided to all families involved in the parent training program. Following their graduation from the parent training group, families are invited to a monthly potluck. The potluck acts as a booster session for families and helps them maintain behavior changes learned in parent training sessions. At each potluck, families review their progress toward their goals, go over skill steps, and discuss their use of skills at home.

Who Facilitates Program: Two master's-level therapists conduct the parent training sessions and two other master's-level therapists conduct the home-based case management services.

Facilitator Training Component: Yes, can be provided on a consultant basis

Train-the-Trainer Component: Yes, can be provided on a consultant basis

Availability: The program can be implemented by purchasing the curriculum and case management materials.

How to Order: Contact Tanya Witters at the Social Development Research Group at the University of Washington. An order form can also be found at the program Web site.

Cost: $200 for the curriculum and workbook package of materials, prepay only, allow 3–4 weeks for delivery

Contact Person:

Kevin Haggerty
Project Director
Social Development Research Group,
University of Washington
9725 3rd Avenue NE, Suite 401
Seattle, WA 98115
(206) 543-3188 (phone)
(206) 543-4507 (fax)
haggerty@u.washington.edu
http://staff.washington.edu/sdrg/FOF.htm

*** Results of evaluation have been published in a peer-reviewed journal.

Rainbow Days**

Program Title(s): Rainbow Days

Modules: Kids' Connection, Youth Connection, Family Connection

Author(s): Cathey Brown (primary author) and Janet Mitchell

Organization/Sponsor: Rainbow Days, Inc.

Publication Date: 1998: Kids' 7th edition, Youth 4th edition, Family 2nd edition

Format: Curriculum, support group program

Length of Program: 14 sessions, ongoing for children in transitional situations

Topic(s): Self-awareness; feelings; healthy choices; chemical dependency

Mode of Delivery: Small groups of children and youth with adult facilitator

Target Audience: Preschool and elementary-age children at risk, youth and homeless children

Setting(s): Community, school-based, shelters, and schools

Language(s): English (activity pages available in Spanish)

Current Use: National (primarily in Texas, but some other states)

Program Description: Rainbow Days curricula are based on the Curriculum-Based Support Group (CBSG) model of prevention, which Rainbow Days has helped to pioneer and expand over the past 18 years. This is the service delivery model on which Kids' Connection, Youth Connection, and Family Connection are based. The curricula teach life skills to at-risk children ages 4–12 years, high-risk adolescents ages 12–17 years, and multi-risk youth ages 4–12 who reside in homeless family shelters, domestic violence shelters, transitional housing programs, hospitals, etc. Ongoing evaluation of Rainbow Days' CBSG has yielded the following results: 89 percent of youth demonstrated an increase in academic achievement and school attendance; 69 percent demonstrated an improvement in their self-concept, their ability to communicate effectively, and their ability to make healthy choices; 91 percent demonstrated an improved ability to identify, express, and deal constructively with their feelings; and 91 percent demonstrated a no-use attitude toward alcohol, tobacco, and illicit drugs. The program received the Exemplary Substance Abuse Prevention Program award from CSAP and is based on social learning theory and the latest protective factor research.

Who Facilitates Program: Paid staff and volunteers

Facilitator Training Component: Yes

Train-the-Trainer Component: No

How to Order: Call (800) 899-7828.

Cost: Contracted trainings available; curriculum sold only with training.

Contact Person:

Janet Mitchell
Director of Training Services
Rainbow Days
4300 MacArthur Avenue, Suite 260
Dallas, TX 75209
(214) 887-0726 (phone)
(214) 887-0729 (fax)
janetm@rdikids.org
www.rdikids.org

** Initial evaluation has shown measurable results.

Strengthening Families*****

Program Title(s): Strengthening Families Program

Modules: Parent Skills Training, Children's Skills Training, Family Life Skills Training

Author(s): Karol Kumpfer, Ph.D., Joseph DeMarsh, and Wendy Child

Organization/Sponsor: University of Utah, Department of Health Promotion and Education

Publication Date: 1982, revised in 1989 and 2000

Format: Weekly groups for parents, children, and families

Length of Program: 14 two-hour sessions

Topic(s): Parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance abuse education, problem solving, and limit setting. Children learn effective communication, understanding feelings, coping with anger and criticism, stress management, social skills, problem solving, resisting peer pressure, consequences of substance use, and compliance with parental rules. Families practice structured family activities, therapeutic child play, family meetings, communication skills, effective discipline, reinforcing positive behaviors in one another, and jointly planning family activities.

Mode of Delivery: Family skills training program

Target Audience: Originally developed for children of substance abusers, but used with a variety of elementary-age children's groups.

Setting(s): Schools, churches, mental health centers, housing projects, homeless shelters, recreation centers, drug courts, and jails

Language(s): English, Spanish

Readability: Fifth grade

Current Use: Modified for African-American, Asian/Pacific Islander, Hispanic, American Indian, rural families, families with early teens, and Canadian and Australian families.

Program Description: The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for problem behaviors in 6- to 11-year-old children at high risk for behavioral, emotional, academic, and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and the youth's social and life skills. Although originally developed for children of high-risk substance abusers, SFP is widely used with non-substance-abusing parents. The SFP curriculum includes three 14-week courses: parent training, children's skills training, and family life skills training. The program received the Exemplary Substance Abuse Prevention Program award from CSAP and has been recognized by NIDA and others.

Who Facilitates Program: Paid staff include part-time site coordinator and family recruiter, and four trainers (two for parent group and two for children's group).

Facilitator Training Component: Yes

Train-the-Trainer Component: Yes

Availability: English and African-American version available at University of Utah. Spanish version available from Donna Martinez at (303) 698-2300.

How to Order: Contact the University of Utah for an overview and order form at (801) 581-8498.

Cost: $25 per booklet or $150 per set of six manuals

Contact Person:

Karol Kumpfer, Ph.D.
Associate Professor
University of Utah
250 S. 1850 E., Room 215
Salt Lake City, UT 84112
(801) 581-8498 (phone)
(801) 581-5872 (fax)
karol.kumpfer@health.utah.edu
www.strengtheningfamilies.org

***** Program has multiple replications and has been evaluated with a randomized experimental design.

Strengthening Families Adaptation**

Program Title(s): Dando Fuerza a la Familia

Author(s): Dr. Gustaro Martinez (adapted from Karol Kumpfer's model)

Organization/Sponsor: Aliviane NO-AD, Inc.

Format(s): Six curricula

Length of program: 14 weeks

Topic(s): Social skills; creating good behavior; communication; alcohol and drugs; problem solving; coping skills; developing expectancies, rewards, goals, objectives; and reinforcing limit-setting.

Mode of Delivery: Group sessions

Target Audience: Elementary-age children with parent guardian

Setting(s): Outpatient, office setting within the community

Language(s): English and Spanish

Readability: High school level

Current Use: Local (Texas)

Program Description: Dando Fuerza a la Familia consists of 14 weekly SFP curriculum sessions. In the first hour, parents and children are separated; in the second hour, a family activity is conducted. The program includes substance abuse education groups, life skills for children, case management, family activities and outings, child care onsite, transportation, snacks, and incentives.

Who Facilitates Program: Paid staff includes two trainers and a child care worker.

Facilitator Training Component: Yes

Train-the-Trainer Component: Yes

Availability: The program curriculum is not ready for dissemination but training is available.

How to Order:
Call Carmen Salloum at Temsati Training Institute for information on trainings: (915) 782-4007 ext. 232 or (888) 922-4006.

Cost: N/A

Contact Person:
Ivonne Tampia
Program Director
Dando Fuerza a la Familia
5903-B Gateway West
El Paso, TX 79925
(915) 782-4032 (phone)
(915) 881-9955 (fax)
dfalf@flash.net

** Initial evaluation has shown measurable results.

Y.E.S.**

Program Title(s): You're Extra Special (Y.E.S.)

Author(s): Hope L. Wilson, CCDC III-E, OCPS II (primary author) and Rick Kritzer, M.Ed., OCPS II; Norma Diaz, LSW, OCPS I; and Allison Sharer, OCPS II (contributors)

Organization/Sponsor: City of Columbus, Columbus Health Department, Franklin County Alcohol and Drug Mental Health Services

Publication Date: 1999

Format(s): Curriculum, with use of art, play, videos, books, etc.

Length of Program: 12-week curriculum for school-based services (no family involvement) and a 15-week curriculum for agency, with family component.

Topic(s): Introduction; feelings; anger management; feelings mask/defenses; problem solving; play; families; safety; alcohol and drugs; our own risk; self-esteem; closing. Family Interaction Groups (FIGs) include feelings; alcohol and drugs; families and communication.

Mode of Delivery: Support and education groups delivered by prevention professional, usually with a guidance counselor, intern, or volunteer as cofacilitator. The curriculum includes age-appropriate art and play techniques, along with suggested videos and books for each session.

Target Audience: Elementary- and middle-school-age children.

Setting(s): An average of 20–25 groups per week is offered in central Ohio, facilitated by three full-time staff. Primarily elementary school, some middle schools, local health department, a local women's halfway house, local children services, boys/girls clubs, etc. Others who have been trained in Y.E.S. facilitate various groups within their schools/agencies.

Language(s): English

Readability: Designed for professionals

Current Use: Primarily local use. Some individuals have purchased the curriculum and currently facilitate in other cities in Ohio. Others have purchased the curriculum in other states.

Program Description: Y.E.S. is a child-centered prevention-based support and education program. It focuses on the needs, feelings, and perceptions of the child, not the person using or the nature of alcoholism/addiction. It is designed to help professionals facilitate age-appropriate groups for children whose lives have been affected by parental alcohol and drug abuse. The curriculum can be used in schools, community centers, counseling agencies, churches, treatment centers, and so forth. It includes 12 children's sessions plus 3 family interactive sessions. A few examples of group formats are included to meet different needs. Also included are descriptions of procedures and examples of related documents to be used, slogans used, and art expressions from children who have participated in the program. Each session

includes objectives. The first session includes notes to assist in preparation, along with a list of materials needed for that session. The remaining sessions include options for activities, so preparation and material will vary. The sessions provide a description of age-appropriate activities to help accomplish session objectives. Facilitators may incorporate other methods and activities such as role-plays, storytelling, or art as ways to express conflicts, stress, and other difficult situations. This curriculum also includes a list of references, resources, and videos that are used to help meet the session objectives.

Who Facilitates Program: Paid staff includes three full-time prevention professionals.

Facilitator Training Component: Yes

Train-the-Trainer Component: No

Availability: The program can be purchased upon request; training is suggested.

How to Order: Contact Hope Wilson at (614) 645-6488.

Cost: $30 for curriculum if not a resident of Ohio. In Ohio, $60 one-day training includes the curriculum.

Contact Person:

Hope L. Wilson
Program Coordinator
Y.E.S.
181 Washington Boulevard
Columbus, OH 43215
(614) 645-6488 (phone)
(614) 645-6745 (fax)
hopew@cmhhealth.org (e-mail)

**Initial evaluation has shown measurable results.

National Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857
www.samhsa.gov
(800) 729-6686 (phone)
(800) 487-4889 (TDD)
(301) 468-6433 (fax)

SAMHSA (www.samhsa.gov) is a resource that provides a wide variety of Federal Government publications dealing with alcohol and drug abuse. Through NCADI, SAMHSA provides prevention and treatment information and materials.

National Association for Children of Alcoholics (NACoA)
11426 Rockville Pike, Suite 100
Rockville, MD 20852
www.nacoa.org
(888) 55-4COAS (phone)
(301) 468-0987 (fax)

National Council on Alcoholism and Drug Dependence (NCADD)
20 Exchange Place, Suite 2902
New York, NY 10005
www.ncadd.org
(212) 269-7797 (phone)
(212) 269-7510 (fax)
NCADD provides educational materials on alcohol and drug abuse as well as phone numbers of local NCADD affiliates who can provide information on local treatment resources.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
6000 Executive Boulevard, Suite 409
Bethesda, MD 20892-7003
www.niaaa.nih.gov
(301) 443-3860 (phone)
(301) 443-7043 (fax)
NIAAA makes available free information and research materials on many aspects of alcohol use, alcohol abuse, and alcoholism.

National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, Room 5128
Bethesda, MD 20892
www.nida.nih.gov
(301) 443-4577 (phone)
(301) 443-8908 (fax)
NIDA supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction.

VI. Appendix

Contributions to the Development of the Children's Program Kit

Guidance in developing these materials was provided by Treatment Resource Panel members Jim Becker, Montgomery General Hospital Addiction Treatment Center; John Boston, Montgomery County Department of Health and Human Services, Outpatient Addiction Services; Jim Brennerman, Allegheny County Health Department; John Hickey, Quarterway House, Inc.; Beth Kane-Davidson, Suburban Hospital Addiction Treatment Center; Shirley Lamb, Charles County Health Department; David MacLeod, Worcester County Health; Peggy McNally, Johns Hopkins Hospital Outpatient Alcohol and Drug Program; Gale Saler, Second Genesis; Frank Satterfield, Glenwood Life; Bonnie Sides, Fairfax County Substance Abuse Services; and John Soffe, Mountain Manor/Safe Harbor.

Further expert guidance was provided by Stephanie Abbott, National Association for Children of Alcoholics; Frances Brisbane, State University of New York; Don Coyhis, White Bison Inc.; James Crowley, Community Intervention, Inc.; Ruth Davis, Revere Public Schools; James Emshoff, Georgia State University; Catherine Herzog, Waterford School District; Deborah Jones-Saumty, American Indian Associates; Brenda Miller, University of Buffalo School of Social Work; Jerry Moe, Betty Ford Center Children's Program; Ellen Morehouse, Student Assistance Corporation; Patricia O'Gorman, Berkshire Farm Center/Services for Youth; Stephania O'Neill, COMPASS; Cynthia Peck, WestEd; Iris Smith, Emory University; Naomi Weinstein, Children of Alcoholics Foundation; Steven Wolin, George Washington University; and Robert Zucker, University of Michigan Medical Center.

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